REPUBLIC OF NAMIBIA

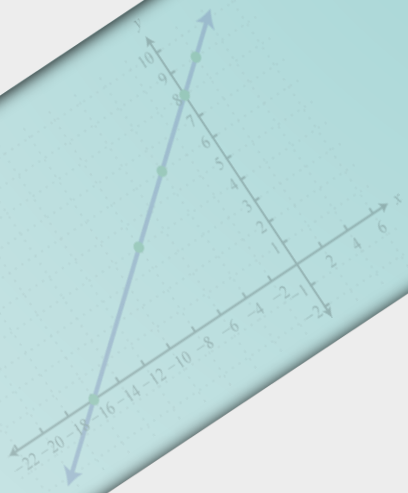
MHSS
Ministry of Health and Social Services

QUARTERLY BULLETIN

(Revised)

Quarter 2

July - September 2022



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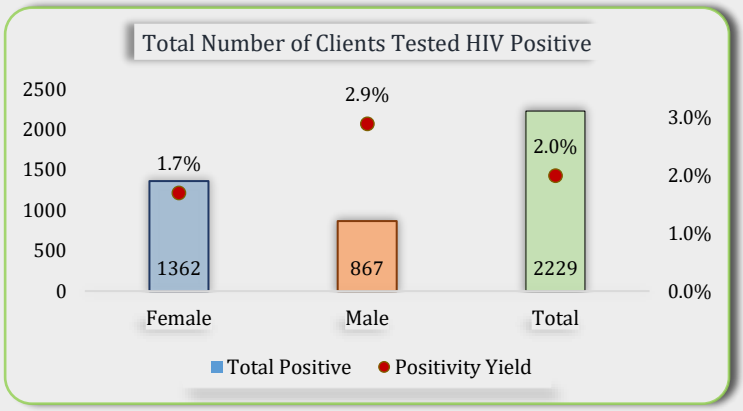
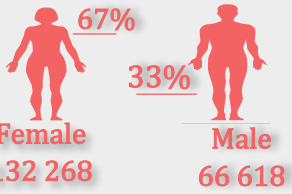
AT A GLANCE

A total of **109 625** people tested for HIV:
79 447 females and **30 178** males



91% Successfully linked to care

A total of **198 886 HIV+** patients are currently on antiretroviral therapy



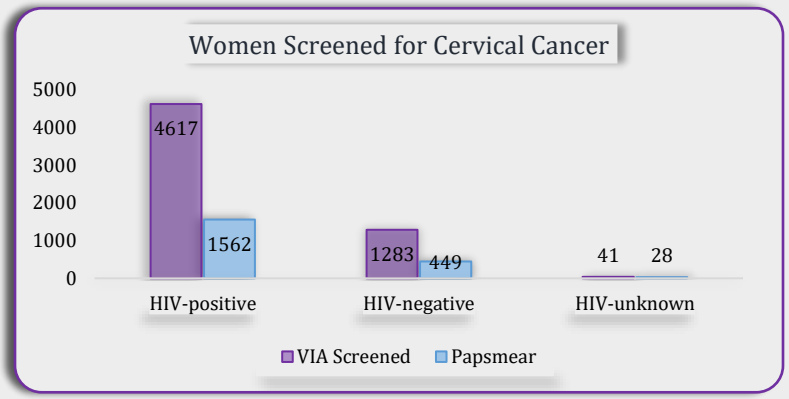
Overall Viral Load Suppression – **94.3%**

Male VLS – **93.0%**
Female VLS – **95.0%**

2 192 Patients newly started on ART of which **1 392** started TPT

10 926 Malaria cases reported, **620** hospital admissions and **30** deaths reported for the period **Jan – Sept 2022**

TB Screening for Quarter two is **88%**



7 333 Voluntary Medical Male Circumcisions done

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PREFACE

The Response Monitoring and Evaluation (RME) subdivision, falls under the Expanded National AIDS Response Coordination Division of the Directorate of Special Programmes (DSP) within the Ministry of Health and Social Services (MHSS). The RME subdivision has three main roles that include (1) supporting the Directorate of Special Programmes in the coordination of the Directorate's routine data collection activities, (2) Shepherding of research and evaluation activities, (3) Coordination of the HIV and AIDS multi-sectoral monitoring and evaluation activities as part of the UNAIDS "Three Ones Principles" which relates to a One National AIDS Authority, One Coordination and One Monitoring and Evaluation Framework.

This Bulletin is part of an agreed requirement outlined in various documents as a deliverable of the RME subdivision. One such document is the National Strategic Framework (NSF) for HIV and AIDS Response in Namibia 2017/18 to 2022/23 which is a necessary and critical feature of Namibia's HIV and AIDS Response. This effort aims to highlight the good practices, challenges and plans being conducted by the subdivision. Additionally, it is a tool that is aimed at informing stakeholders on critical information for various uses, including planning and implementation.

Data needs vary for different audiences and therefore exhibiting the progress of implementation of various programmes can never be sufficient. The expectation of this Bulletin focuses on the data and progress done for quarter two which runs from July to September of the 2022/23 financial year.

Data systems in many parts of the world face challenges of human resource constraints at all levels, limited infrastructures, and the level of data quality. These general challenges among others also affect the RME subdivision. The RME is continuously engaging various stakeholders to seek and implement various activities to improve data quality. These ongoing efforts form the basis of our strong confidence in the data that RME produces.

Directorate extends gratitude to all relevant stakeholders for their continuous support and engagement. The Directorate would like to encourage various stakeholders and the public to utilize the information contained in this document.

This bulletin contains data related to the HIV and malaria response, The RME will continue to include data variables from other programmes.

MINISTRY OF HEALTH & SOCIAL SERVICES
29 JUN 2023
Private Bag 13198, Windhoek

Ms. Naemi N. Shoopala
Acting Director: Directorate of Special Programmes

LIST OF ABBREVIATIONS

AIDS - Acquired Immunodeficiency Syndrome
ART - Antiretroviral Therapy
CECAP - Cervical Cancer Prevention
COVID-19 - Coronavirus disease
CSO - Civil Society Organization
CxCa - Cervical Cancer
DAPP - Development Aid from People to People
DHIS2 - District Health Information System Version 2
DSP - Directorate of Special Programmes
eHTS - HIV Testing Services electronic system
ePMS - Electronic Patient Monitoring System
HIV - Human Immunodeficiency Virus
HSRD - Health Sector Response Division
HTS - HIV Testing Service
LLETZ – Large Loop Excision of the Transformation Zone
MHSS - Ministry of Health and Social Services
MIMS - Multi-Sectoral Information Management System
NAMAF – Namibia Association of Medical Aid Funds
NSF - National Strategic Framework
PrEP - Pre-Exposure Prophylaxis
Q-ePMS - Quantum-electronic Patient Monitoring System
RME – Response Monitoring and Evaluation
TB - Tuberculosis
TPT - TB Preventative Therapy
UNAIDS - United Nations Programme on HIV/AIDS
VIA – Visual Inspection with Acetic Acid
VMMC - Voluntary Medical Male Circumcision
WBCG - Walvis Bay Corridor Group
SRHR – Sexual and Reproductive Health and Rights

FIGURES

SUMMARY NOTES

Welcome to our Quarterly Bulletin that describes HIV and related programmes and the malaria performance for the period of July to September 2022. Data in this Bulletin is presented in two sections. Section one which presents data from the Ministry of Health and Social Services (MHSS) health facilities and Section two which presents data that was collected from community-based services provided by non-MHSS based facilities under the Multi-Sectoral Information Management System (MIMS).

This performance data covers program areas of HIV Testing Service (HTS), Antiretroviral Therapy (ART), TB screening among HIV positive clients, TB Preventative Therapy (TPT), Voluntary Medical Male Circumcision (VMMC), Cervical Cancer Prevention (CECAP) programme and the Malaria programme.

Interpretation of performance results should be based on relevant inputs that were made, service delivery processes that took place during the quarter as well as other relevant internal and external contexts that influence program performance.

A total of 109,625 individuals were tested for HIV infection (72.5% females) during the quarter of July to September 2022. Of these, 2,229 (2.0%) were found to be HIV positive. On the other hand, a total of 2,192 individuals were newly initiated on ART this quarter. While a total of 198,886 people living with HIV (PLHIV) were actively receiving ART. This quarter also showed an HIV viral load suppression rate of 94% among those who received viral load test.

During this quarter, more clients were tested for HIV compared to the last quarter i.e. 109,625 compared to 103,665 respectively. The number of patients active on ART this quarter increased by 3,323 from 195,563 to 198,886. This quarter, the Walvis Bay Corridor Group (WBCG) reported ART data on 424 active patients through the MIMS reporting system thus the increase in the total number of active patients.

About 7,333 VMMC were done during the period of July to September 2022. Young men aged 15-19 years made up 53.7% of the beneficiaries and about two-thirds of the reported VMMC were performed in four regions, namely Kavango East, Ohangwena, Oshikoto and Hardap. The data reported under the MIMS on VMMC represent only numbers coming from private practitioners who are registered with Abt Associates.

During the period of January to September 2022, a total of 10,926 malaria cases had been reported. This is a 16% decrease compared to the same period in 2021 (12,714). 88% of the cases reported this year were local transmissions and 12% were imported. There were 620 admissions and 30 deaths reported during the same period 2022, of these, 14 admissions and 3 deaths were reported in the period under review (July to September 2022). The main drivers of malaria transmission identified countrywide include the poor IRS coverage (23%) due to a lack of insecticides and high rainfalls, cross border movements and other prevailing factors. Zambezi outbreak accounts for the majority (65%) of the cases reported, however, all regions have observed a spike in cases compared to 2021.

Lastly, data reported through the MIMS highlighted the significant contribution that community-based organisations are making in HIV case finding, particularly among men, with high positivity rate. The MIMS Program has done a commendable work in obtaining ART data from WBCG during this quarter and this is a result of continuous engagement with the Civil Society Organizations (CSO). RME will continue to work closely with concerned stakeholders to facilitate this process.

SECTION I: DATA REPORTED THROUGH MHSS FACILITIES

HIV Testing

HIV Testing Service by Sex

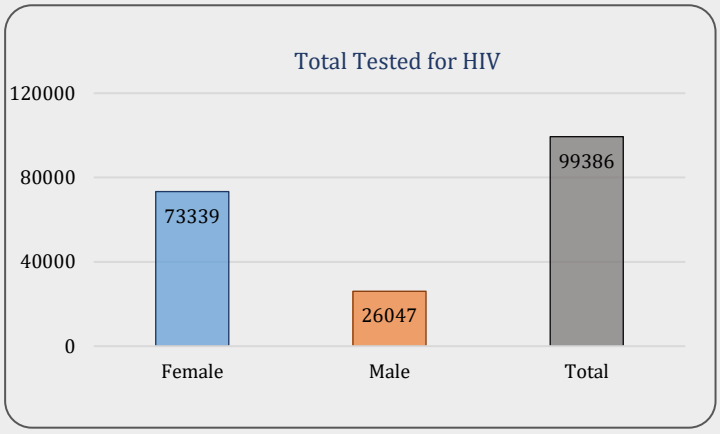

Figure 1: Total Number of Clients Tested for HIV by Sex in MHSS Health Facilities in Namibia, July to September 2022

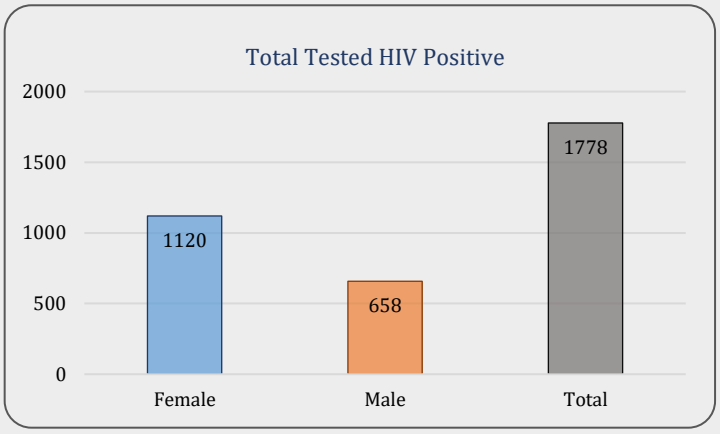

Figure 2: Total Number of Clients Tested Positive for HIV by Sex in MHSS Health Facilities in Namibia, July to September 2022

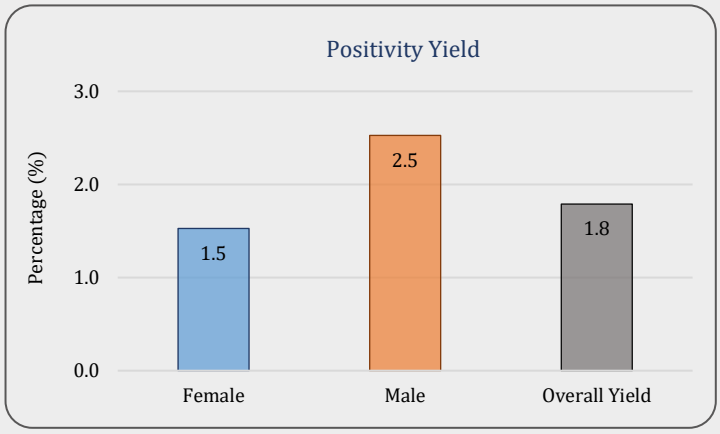

Figure 3: HIV Positivity Yield by Sex in MHSS Health Facilities in Namibia, July to September 2022

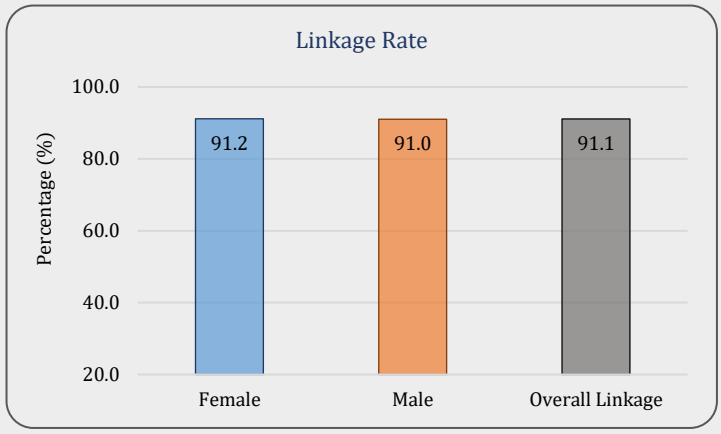

Figure 4: Proportion of Clients Tested HIV Positive and Linked to Care by Sex in MHSS Health Facilities in Namibia, July to September 2022

Note:** Positivity yield is the percentage of clients who tested HIV positive out of the total number tested for HIV for that specific reporting period. i.e., Female positivity yield = **(Total number of female tested HIV positive/ Total number of females tested for HIV) * 100

HIV Testing Service by Age Group

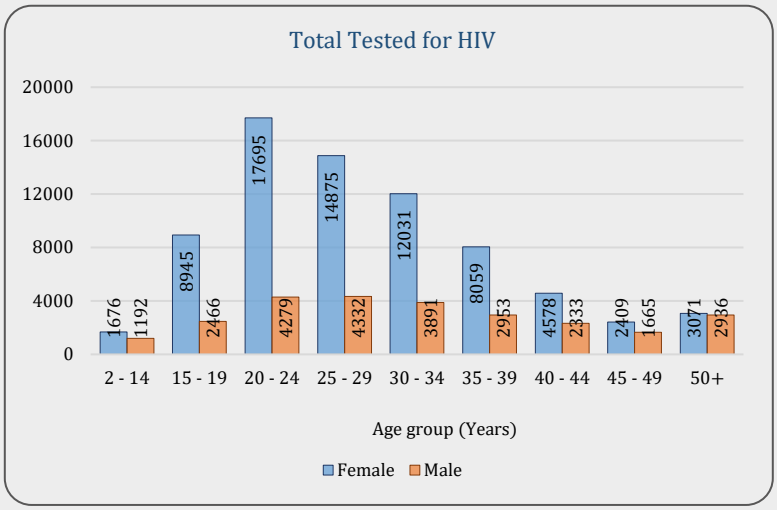

Figure 5: Total Number of Clients Tested for HIV by Sex and Age Group in MHSS Health Facilities in Namibia, July to September 2022

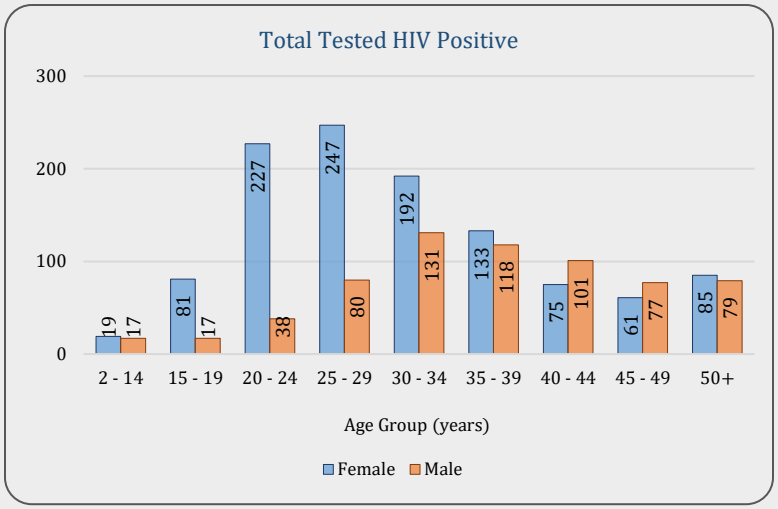

Figure 6: Total Number of Clients Tested Positive for HIV by Sex and Age Group in MHSS Health Facilities in Namibia, July to September 2022

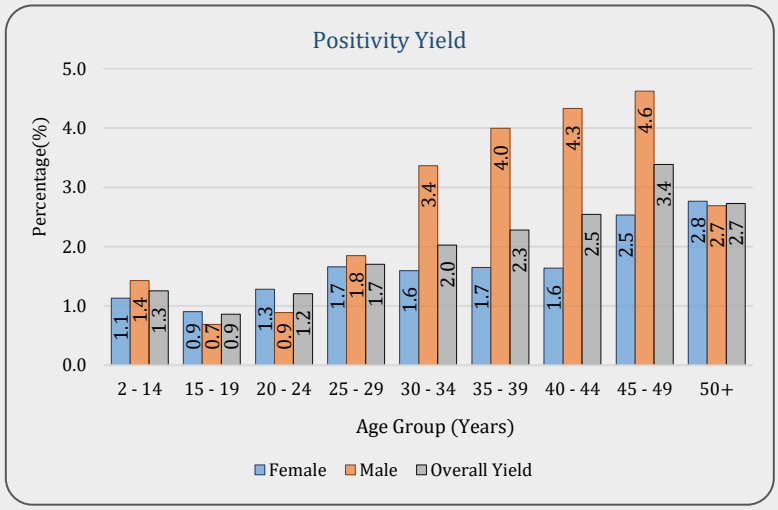

Figure 7: HIV Positivity Yield by Sex and Age Group in MHSS Health Facilities in Namibia, July to September 2022

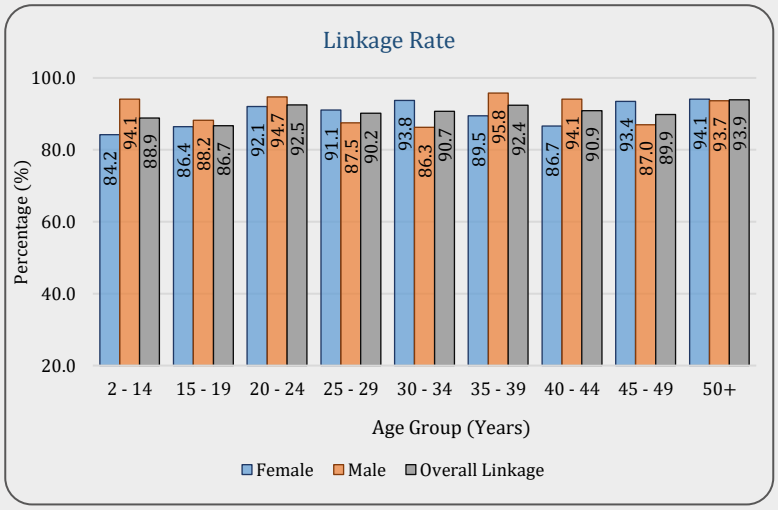

Figure 8: Proportion of Clients Tested HIV Positive and Linked to Care by Sex and Age group in MHSS Health Facilities in Namibia, July to September 2022

HIV Testing Service by Region

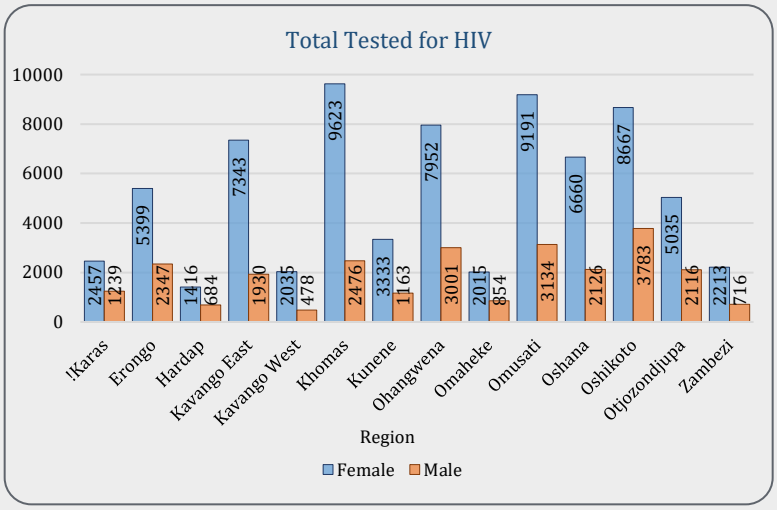

Figure 9: Total Number of Clients Tested for HIV by Sex and Region in MHSS Health Facilities in Namibia, July to September 2022

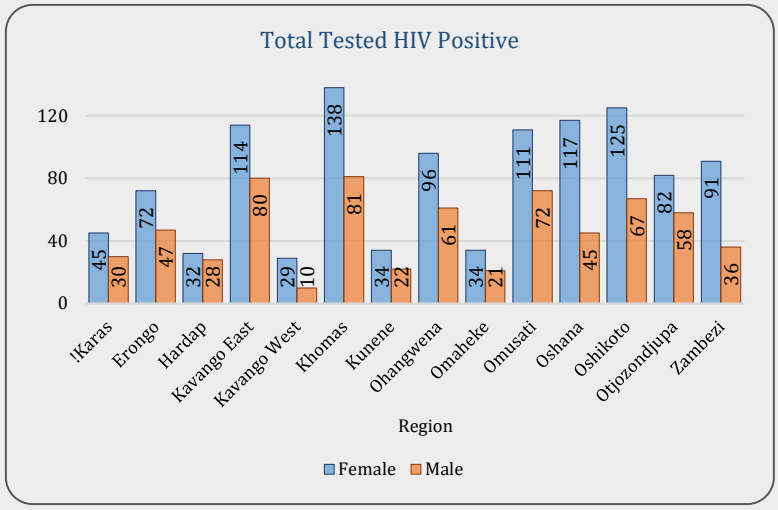

Figure 10: Total Number of Clients Tested Positive for HIV by Sex and Region in MHSS Health Facilities in Namibia, July to September 2022

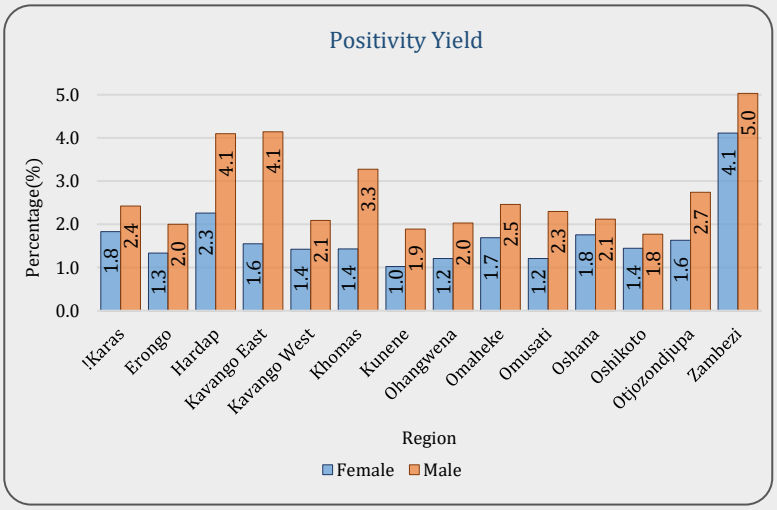

Figure 11: HIV Positivity Yield by Sex in MHSS Health Facilities in Namibia, July to September 2022

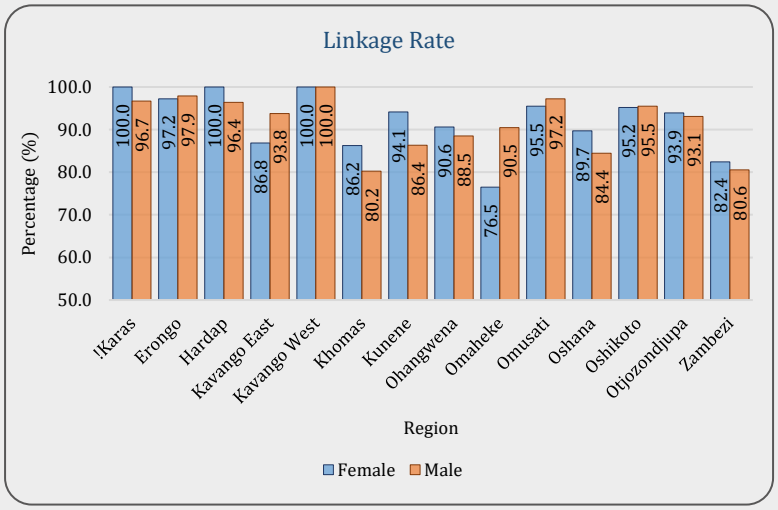

Figure 12: Proportion of Clients Tested HIV Positive and Linked to Care by Sex and Region in MHSS Health Facilities in Namibia, July to September 2022

HIV Testing Service Trends

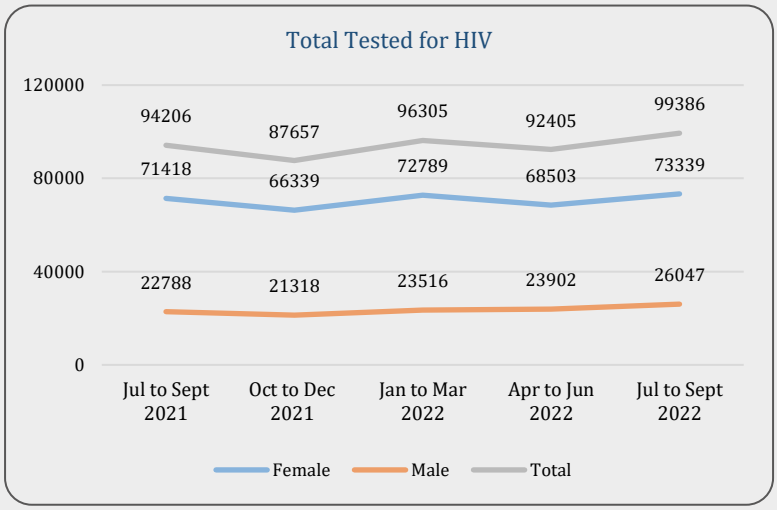

Figure 13: Quarterly Trend of Clients Tested for HIV by Sex in MHSS Health Facilities in Namibia, July 2021 to September 2022

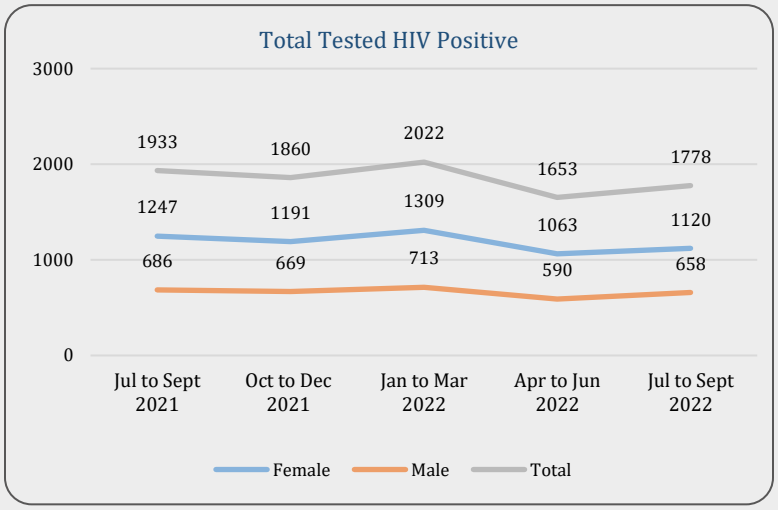

Figure 14: Quarterly Trend of Clients Tested HIV Positive by Sex in MHSS Health Facilities in Namibia, July 2021 to September 2022

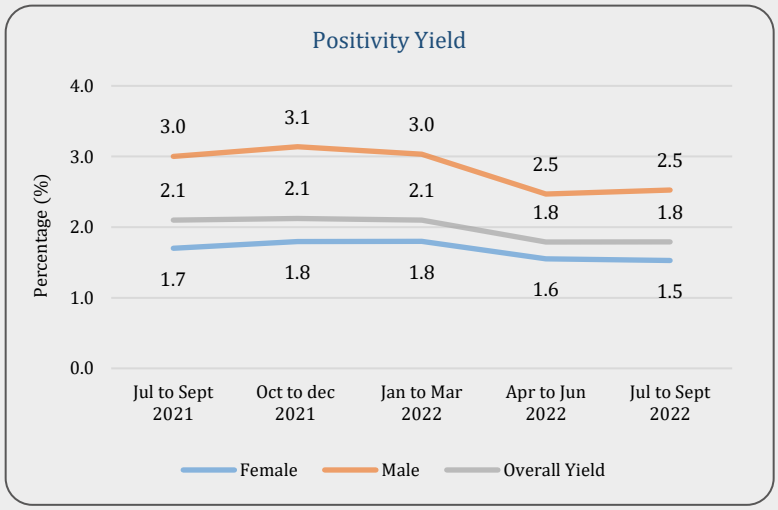

Figure 15: Quarterly Trend of HIV Positivity Yield in MHSS Health Facilities, July 2021 to September 2022

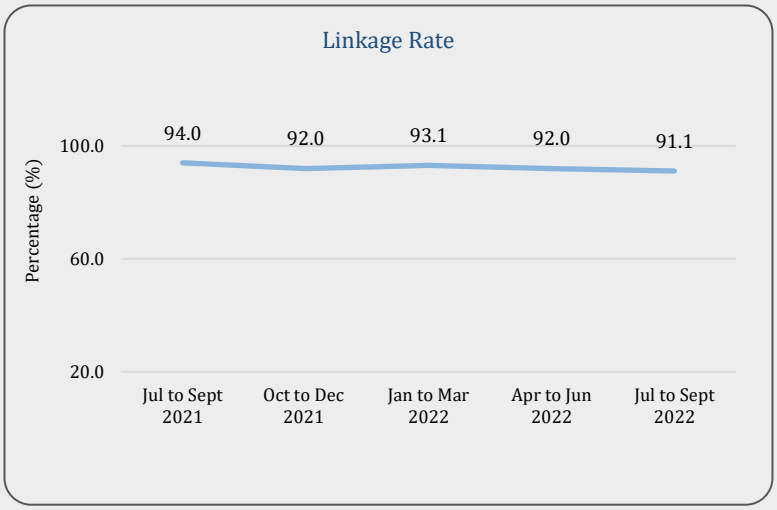

Figure 16: Quarterly Trend of Clients Tested HIV Positive and linked to Care in MHSS Health Facilities in Namibia, July 2021 to September 2022

Period of Last HIV Test

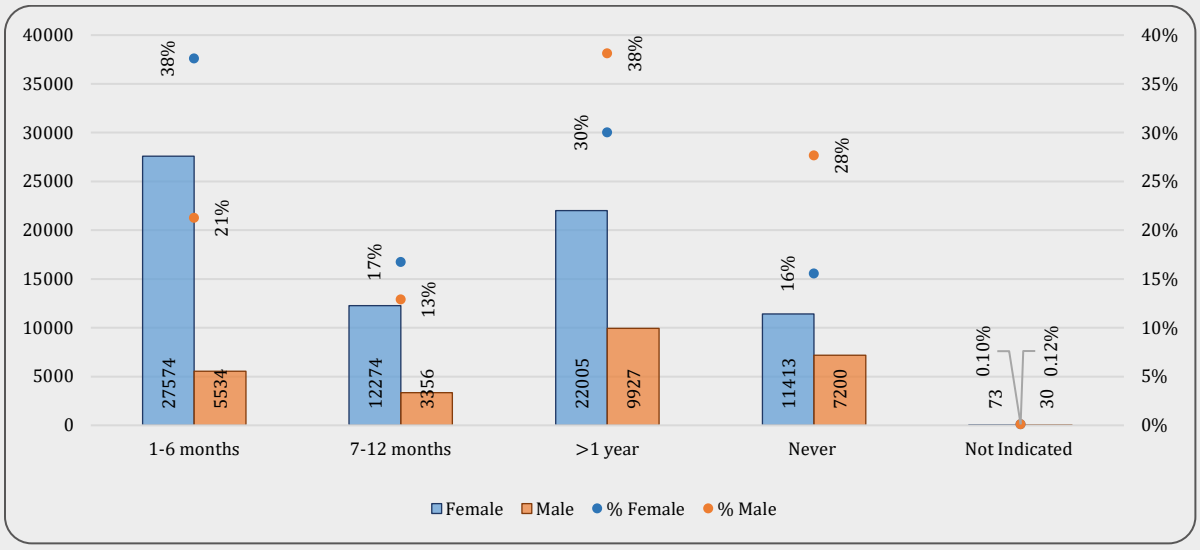

Figure 17: Number and Percentage of Clients Tested for HIV by Sex and Period of Last HIV Test, in MHSS Health Facilities in Namibia, July to September 2022

Note:** The percentage is calculated out of the total tested for the quarter for each sex, i.e., % Female last tested at 1 – 6 months = **(number of female last tested 1 – 6 months / Total number of females tested for HIV) * 100

Reporting Rate in HTS Program

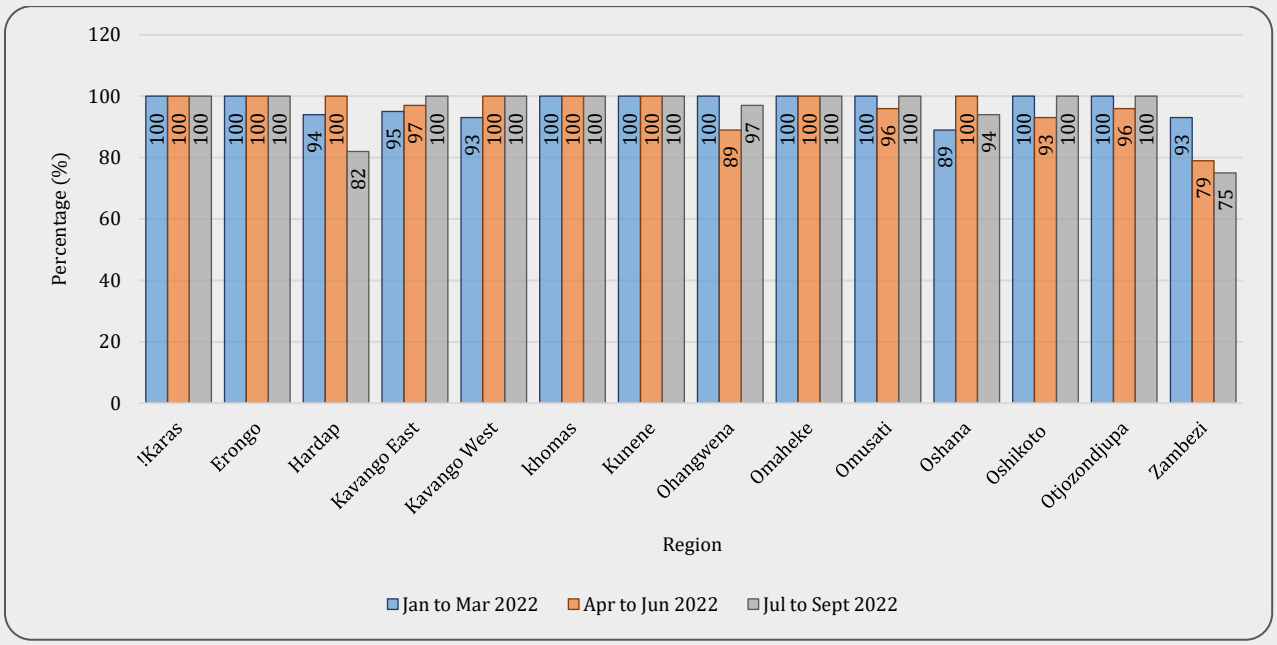

Figure 18: Quarterly Trends for eHTS Reporting Rate by Region in MHSS Health Facilities in Namibia, January 2022 to September 2022

ART Services

Patients Newly Started on ART

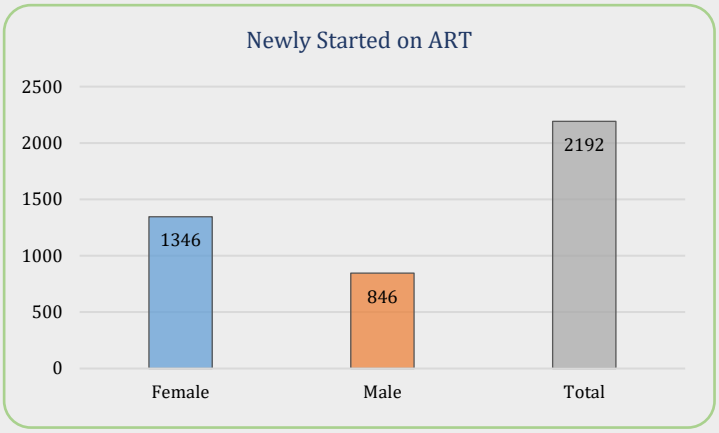

Figure 19: Total Number of Patients Newly Started on ART by Sex in MHSS Health Facilities in Namibia, July to September 2022

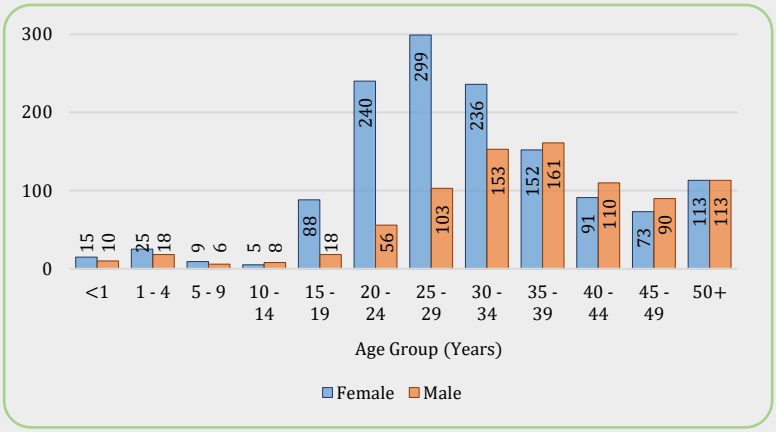

Figure 20: Total Number of Patients Newly Started on ART by Sex and Age Group in MHSS Health Facilities in Namibia, July to September 2022

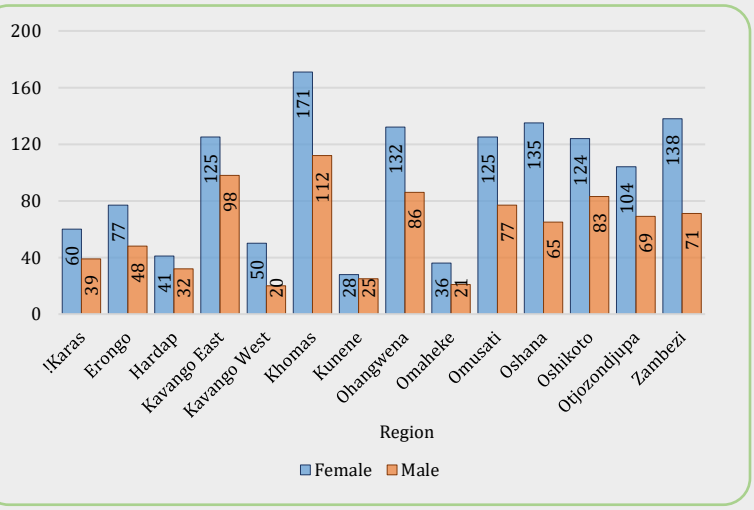

Figure 21: Total Number of Patients Newly Started on ART by Sex and Region in MHSS Health Facilities in Namibia, July to September 2022

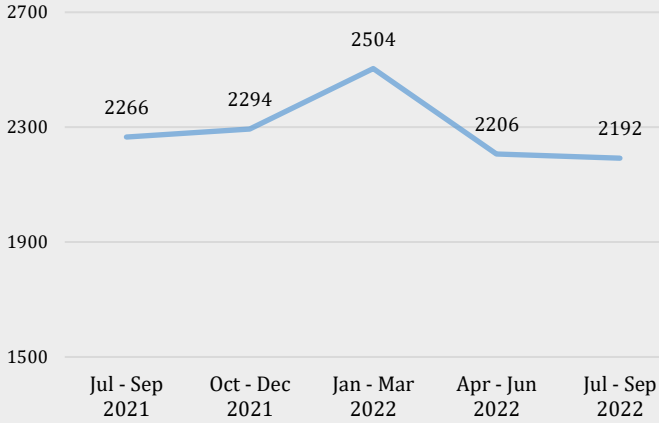

Figure 22: Quarterly Trend of Patients Newly Started on ART in MHSS Health Facilities in Namibia, July 2021 to September 2022

***Note:** The number of newly started on ART in all quarters except the one of Jan – Mar 2022 is comparable. There is a trend of high new on ART during (Jan – Mar) quarters as it was observed for the same quarter in 2021.*

Patients Currently Active on ART

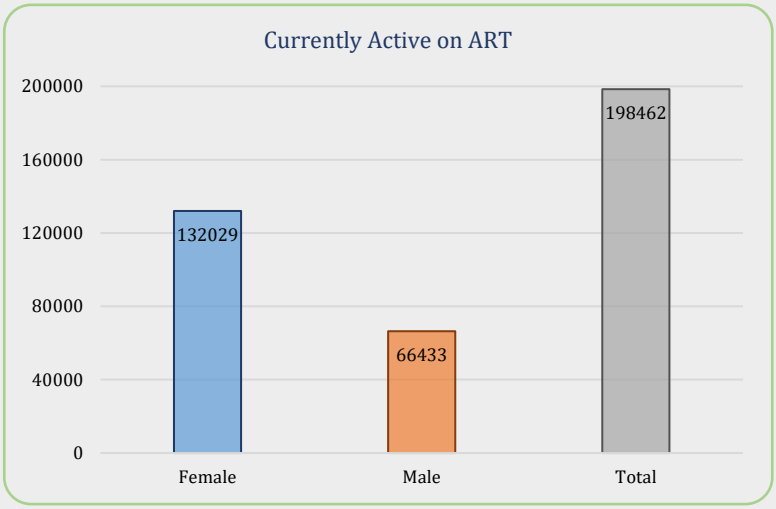

Figure 23: Total Number of Patients Currently on ART by Sex in MHSS Facilities Namibia, July to September 2022

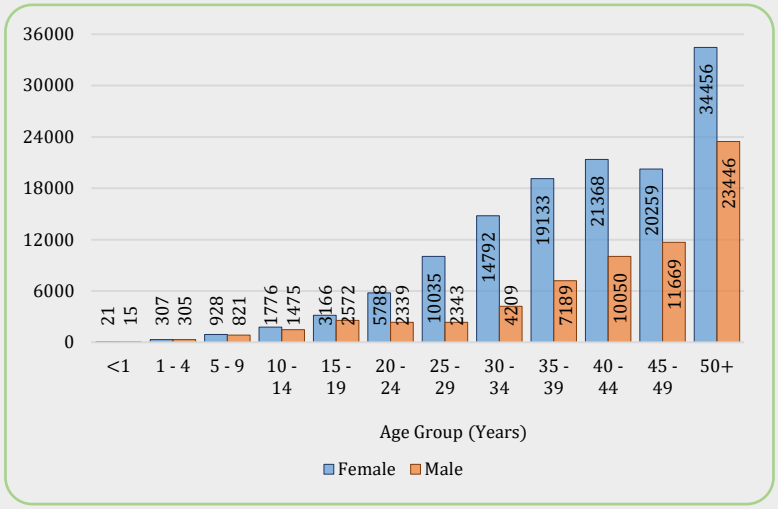

Figure 24: Total Number of Patients Currently on ART by Age Group and Sex in MHSS Health Facilities in Namibia, July to September 2022

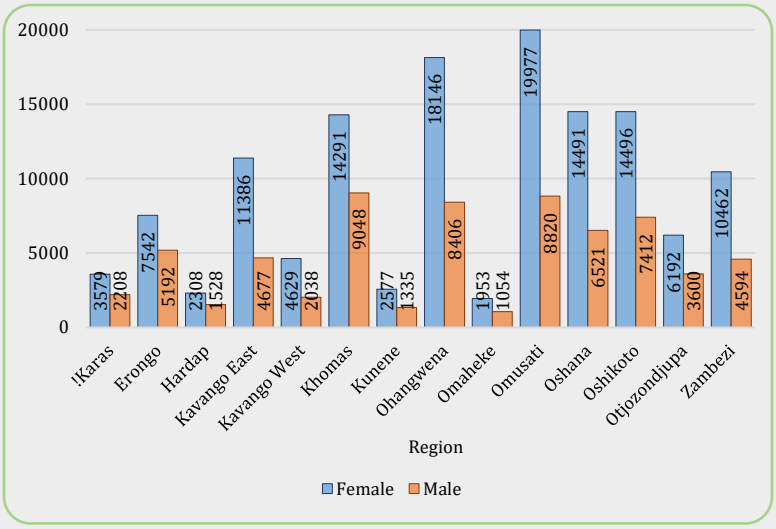

Figure 25: Total Number of Patients Currently on ART by Region and Sex in MHSS Health Facilities in Namibia, July to September 2022

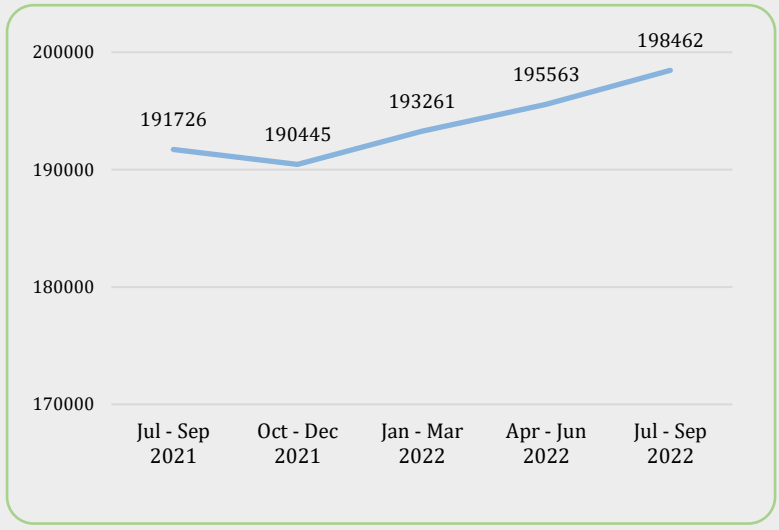

Figure 26: Quarterly Trend of Patients Currently on ART in MHSS Health Facilities in Namibia, July 2021 to September 2022

TB Screening

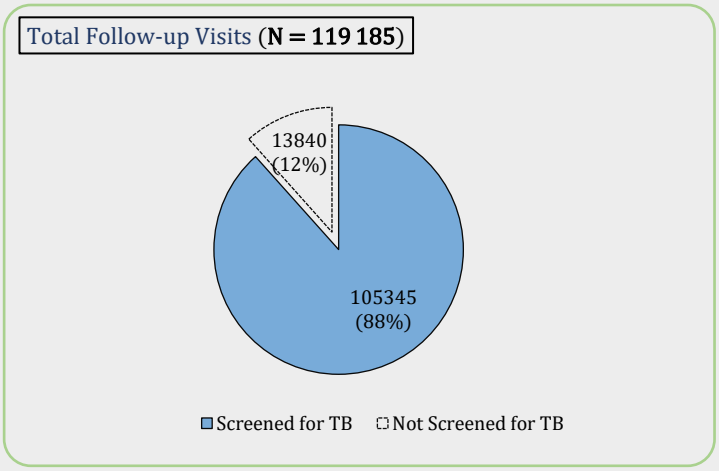

Figure 27: Proportion of patients Screened for TB at Follow-Up Visits in MHSS Health Facilities in Namibia, July to September 2022

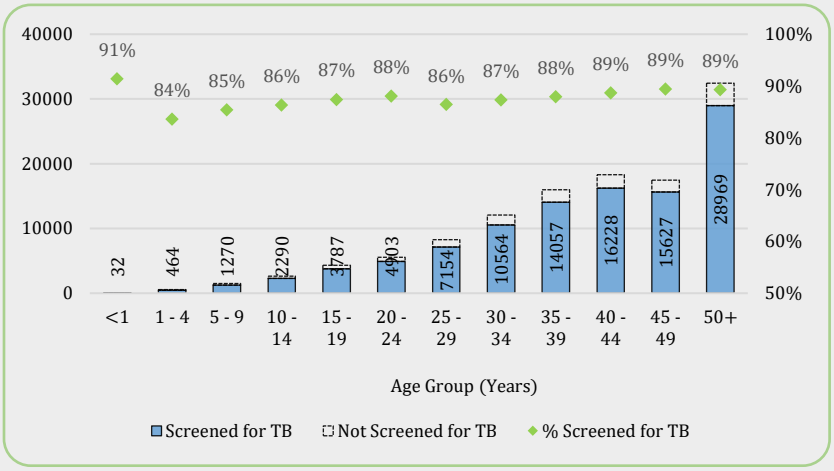

Figure 28: Proportion of patients Screened for TB at Follow-Up Visits by Age Group in MHSS Health Facilities in Namibia, July to September 2022

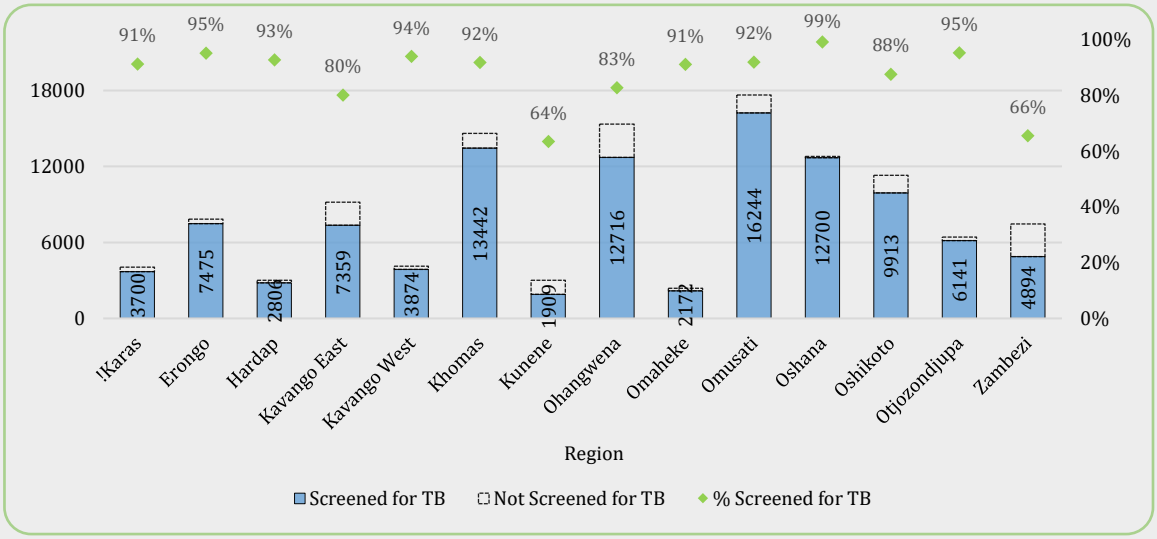

Figure 29: Proportion of Patients Screened for TB at Follow-Up Visits by Region in MHSS Health Facilities in Namibia, July to September 2022

TB Preventative Therapy (TPT)

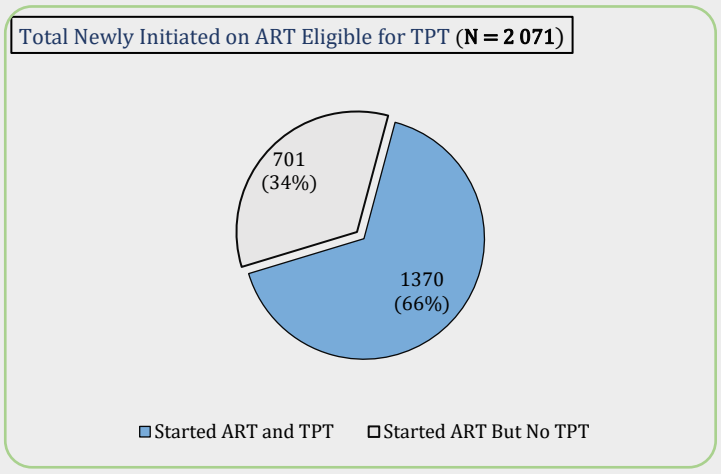

Figure 30: Proportion of Patients Newly Started on ART and Initiated on TPT in MHSS Health Facilities in Namibia, July to September 2022

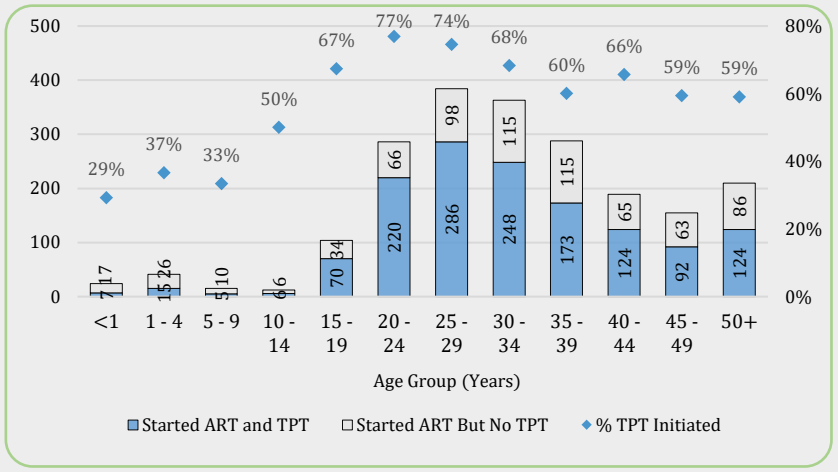

Figure 31: Proportion of Patients Newly Started on ART and Initiated on TPT by Age Group in MHSS Health Facilities in Namibia, July to September 2022

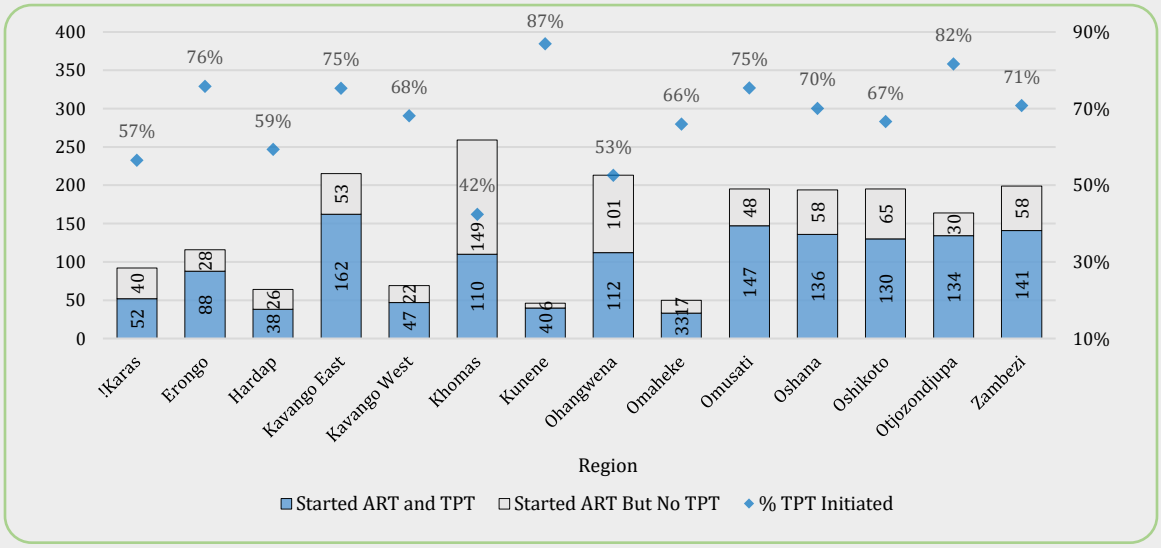

Figure 32: Proportion of Patients Newly Started on ART and Initiated on TPT by Region in MHSS Health Facilities in Namibia, July to September 2022

Viral Load Testing and Suppression

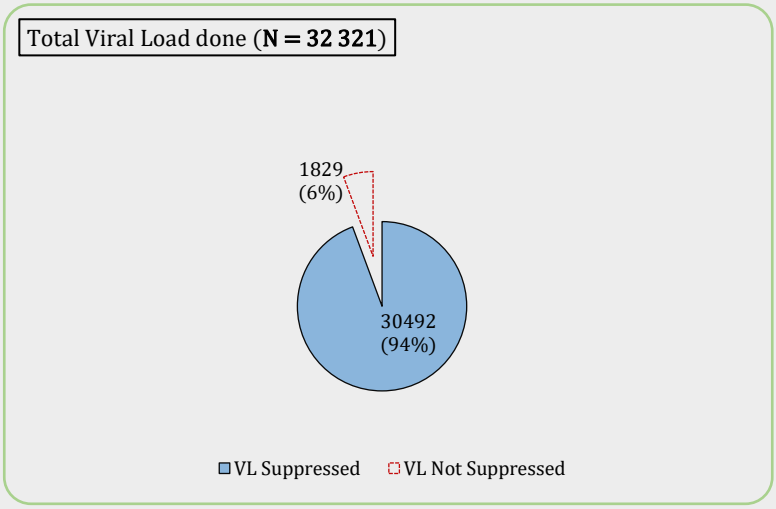

Figure 33: Proportion of patients with Viral Load Done who are Virally Suppressed (VL<1000 copies/µl of blood) in MHSS Health Facilities in Namibia, July to September 2022

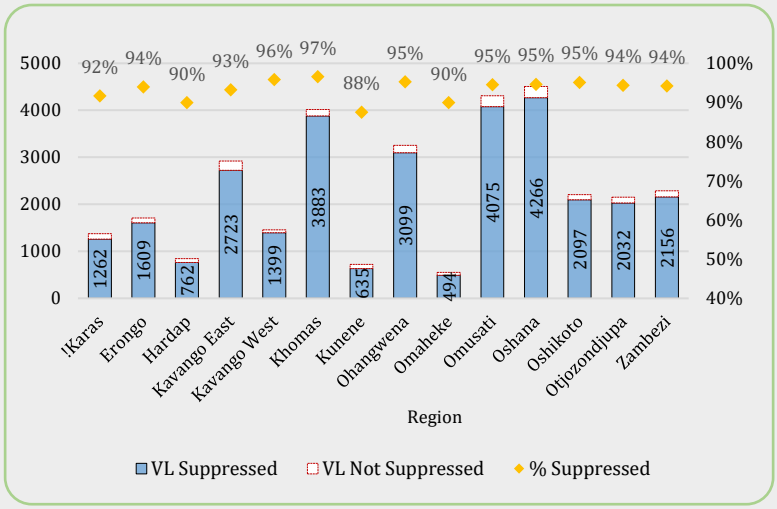

Figure 34: Proportion of patients with Viral Load Done who are Virally Suppressed (VL<1000 copies/µl of blood) by Region in MHSS Health Facilities in Namibia, July to September 2022

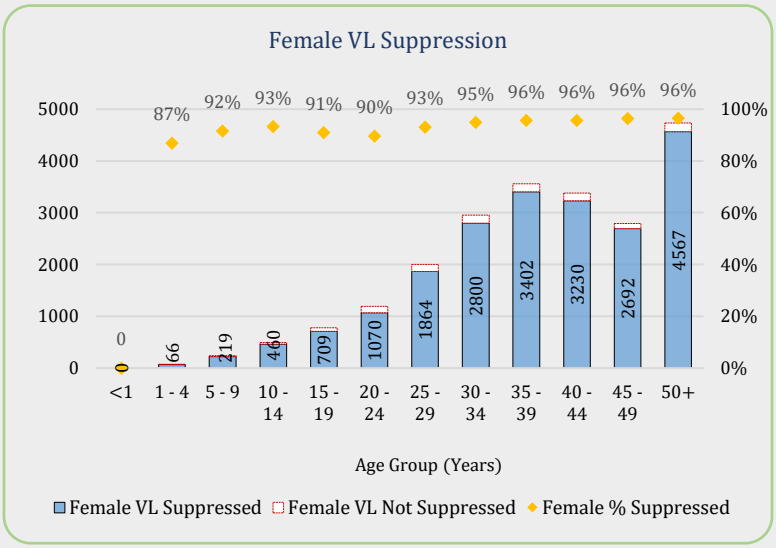

Figure 35: Proportion of Female Patients with Viral Load Done who are Virally Suppressed (VL<1000 copies/µl of blood) by Age Group in MHSS Health Facilities in Namibia, July to September 2022

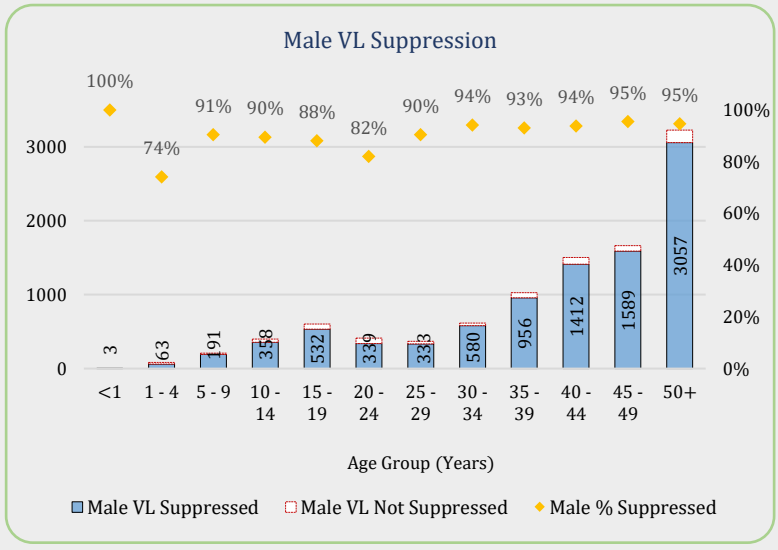

Figure 36: Proportion of Male patients with Viral Load Done who are Virally Suppressed (VL<1000 copies/µl of blood) by Age Group in MHSS Health Facilities in Namibia, July to September 2022

Patients Reported to have Died While on ART

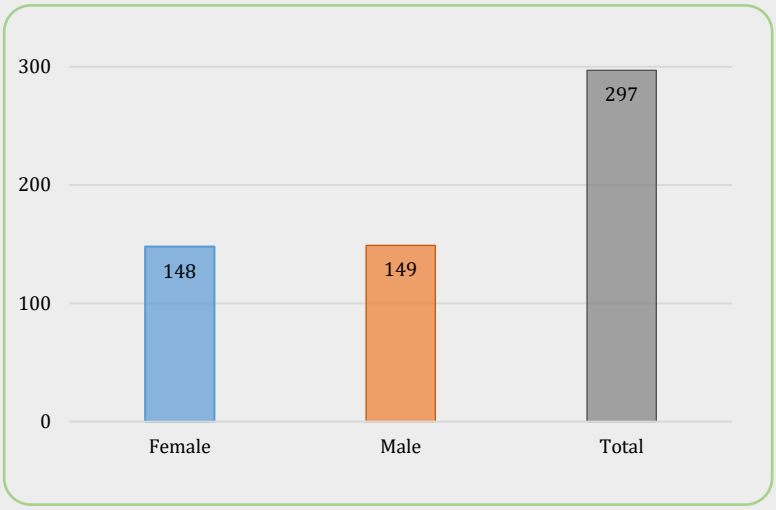

Figure 37: Number of patients Reported to Have Died While on ART by Sex in MHSS Health Facilities in Namibia, July to September 2022

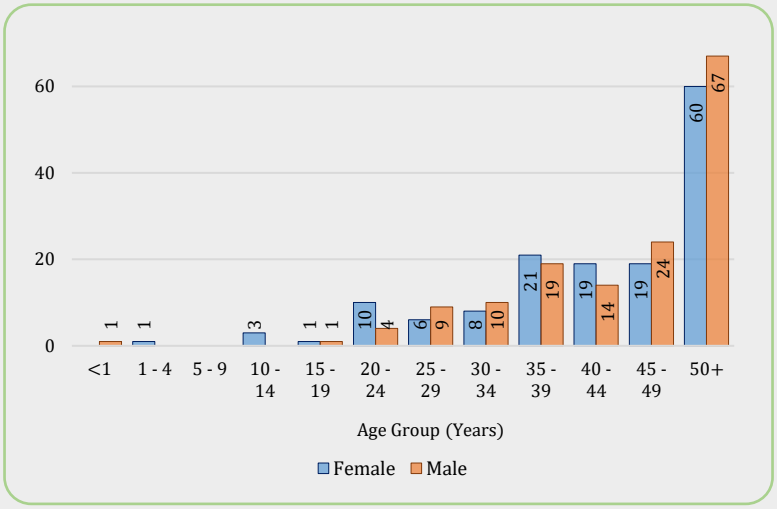

Figure 38: Number of Patients Reported to Have Died While on ART by Age Group and Sex in MHSS Health Facilities in Namibia, July to September 2022

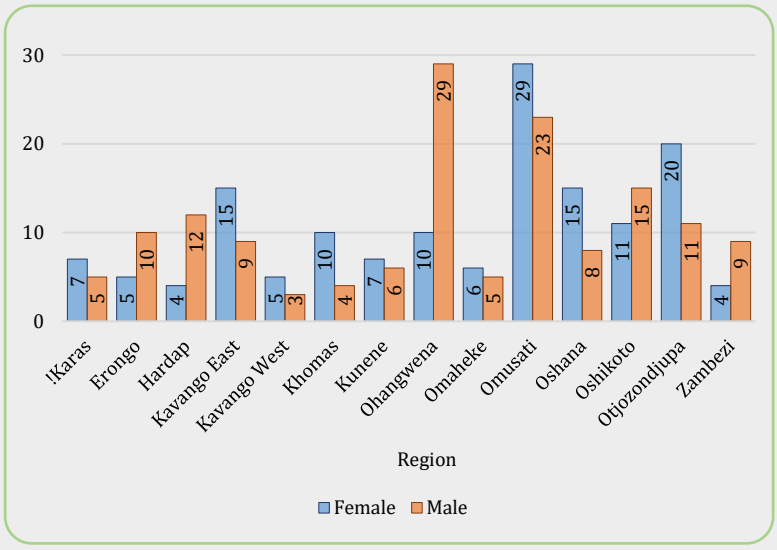

Figure 39: Number of Patients Reported to Have Died While on ART by Region and Sex in MHSS Health Facilities in Namibia, July to September 2022

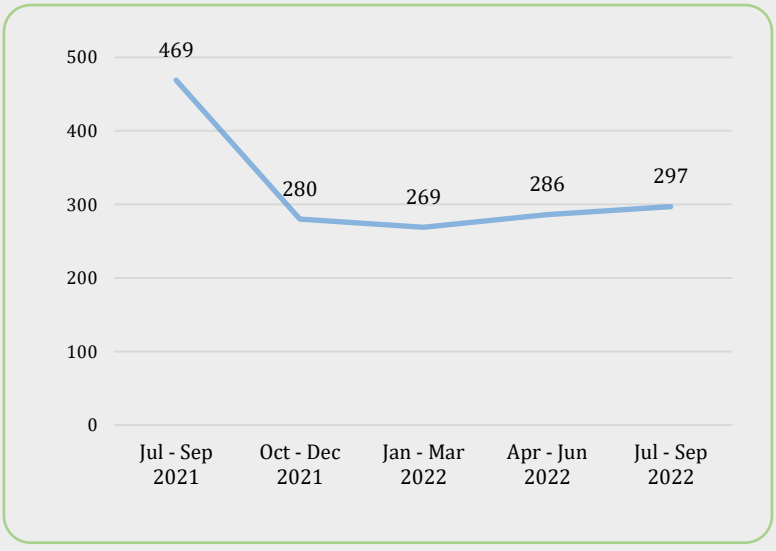

Figure 40: Quarterly Trend of Patients who were Reported to have Died While on ART in MHSS Heath Facilities in Namibia, July 2021 to September 2022

Reporting Rate in ART Program

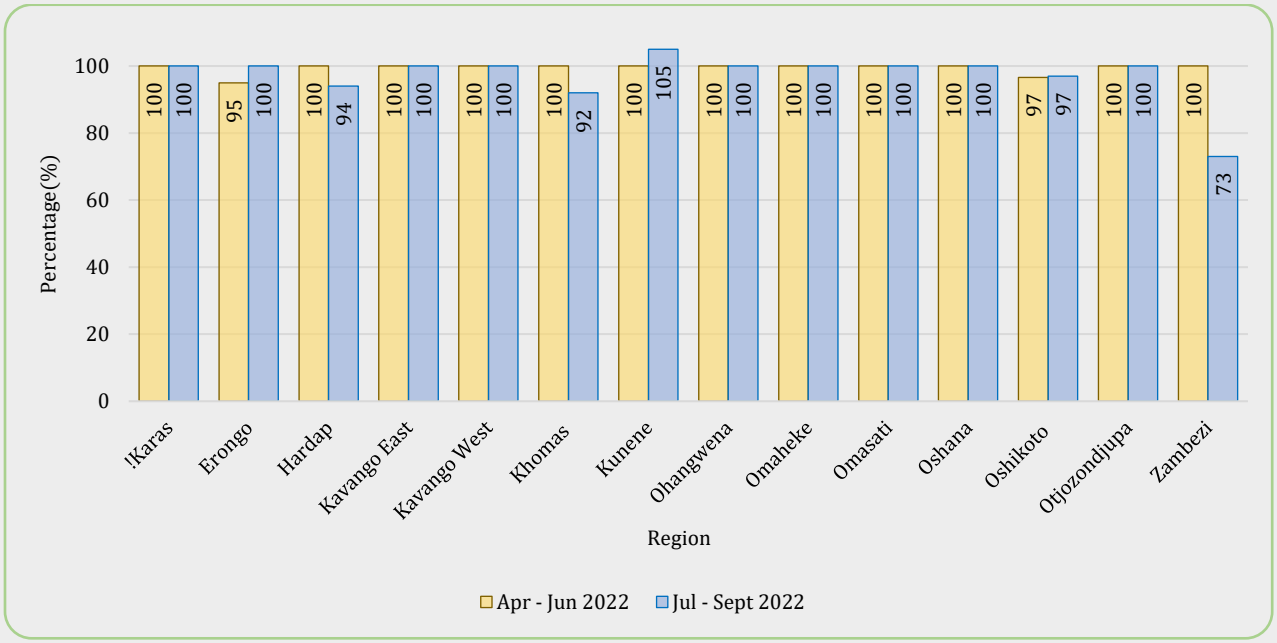

Figure 41: Reporting Rate Trend by Region and Quarter for April to September 2022 in MHSS Health Facilities in Namibia

***Note:** more than 100 percentage reported in Kunene under Quarter two of 2022 was due to addition of one reporting health facility to the usual reporting facilities, For Quarter three of 2022 the additional facility will be adopted into the denominator.*

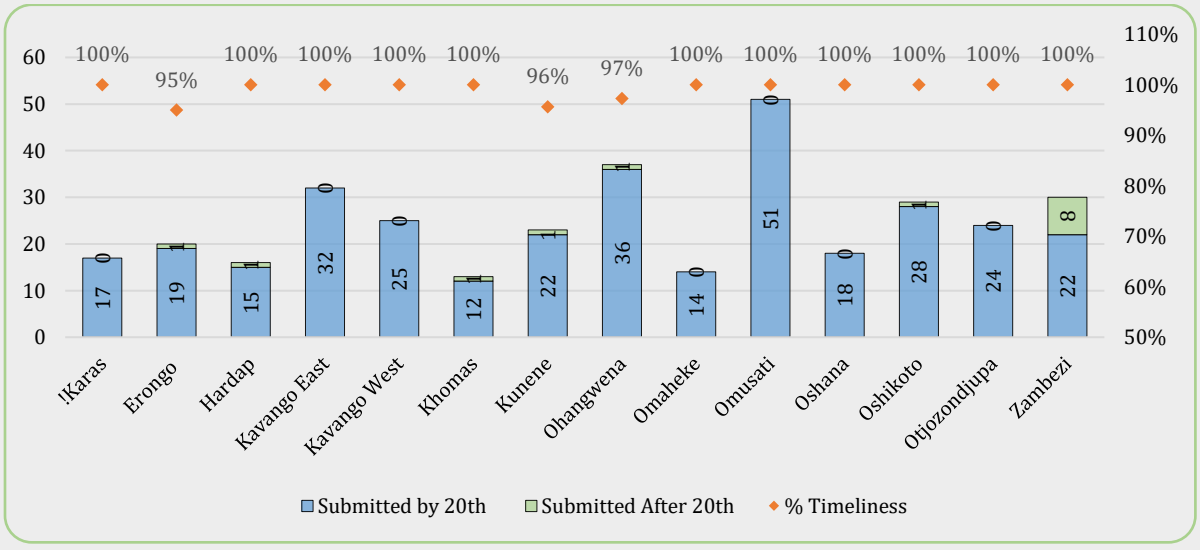

Figure 42: Timeliness Reporting Rate by Region in MHSS Health Facilities, July to September 2022

Cervical Cancer Screening Program

Total Number Screened

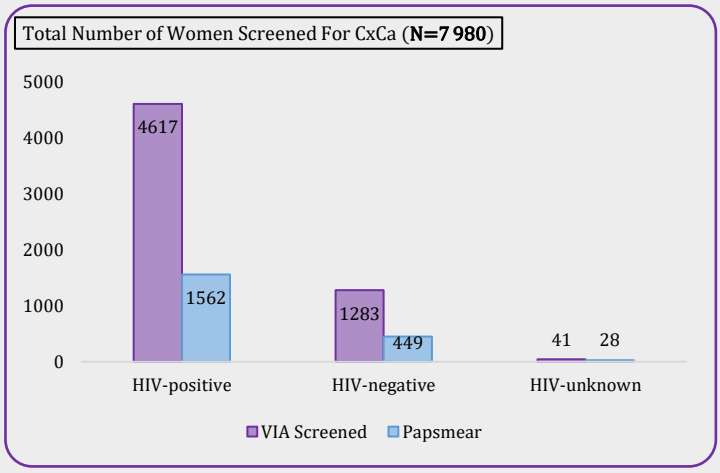

Figure 43: Number of Women Screened for Cervical Cancer by Screening Method and HIV Status in MHSS Health Facilities in Namibia, July to September 2022

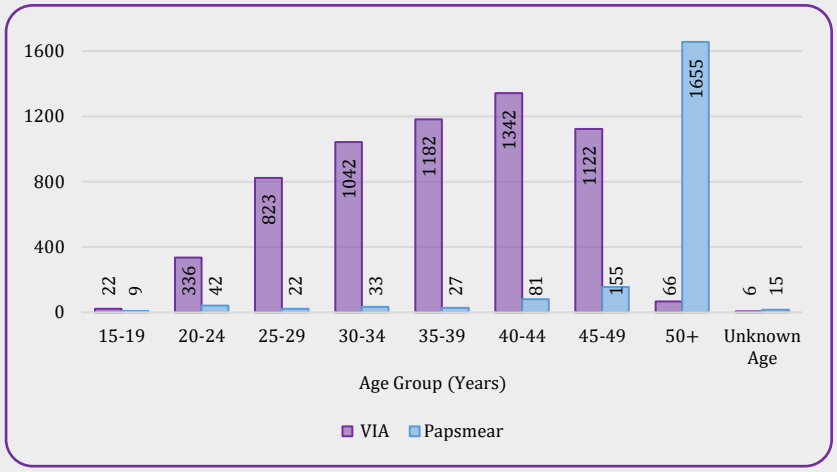

Figure 44: Number of Women Screened for Cervical Cancer by Screening Method and Age Group in MHSS Health Facilities in Namibia, July to September 2022

***Note:** The reason for high number of women screened using Papsmear method among those aged 50+ years is related to programmatic choice to apply the technic for this age group*

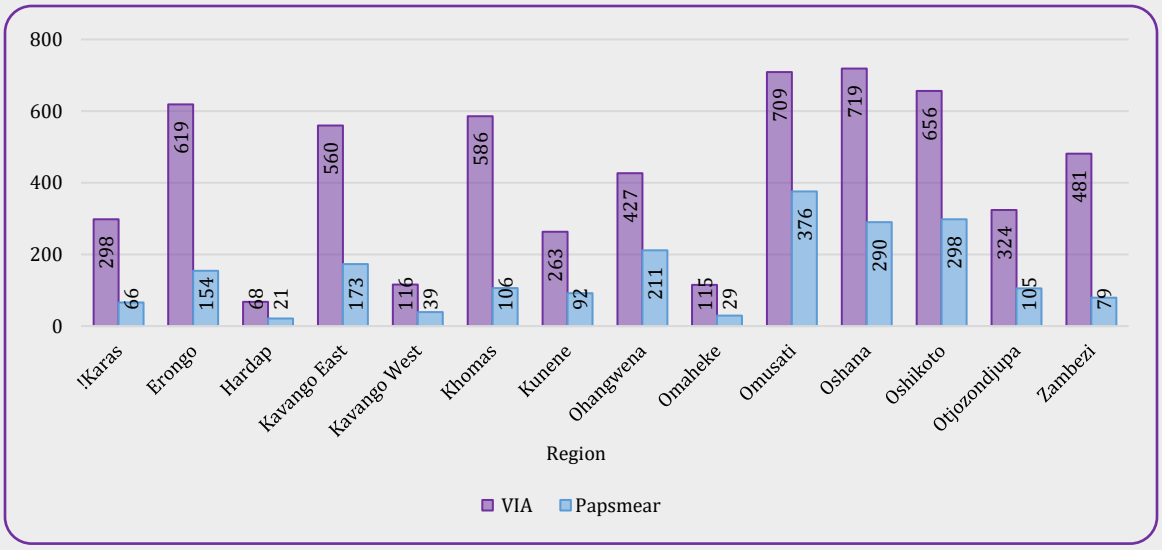

Figure 45: Number of Women Screened for Cervical Cancer by Screening Method and Region in MHSS Health Facilities in Namibia, July to September 2022

Cervical Cancer Screening Results

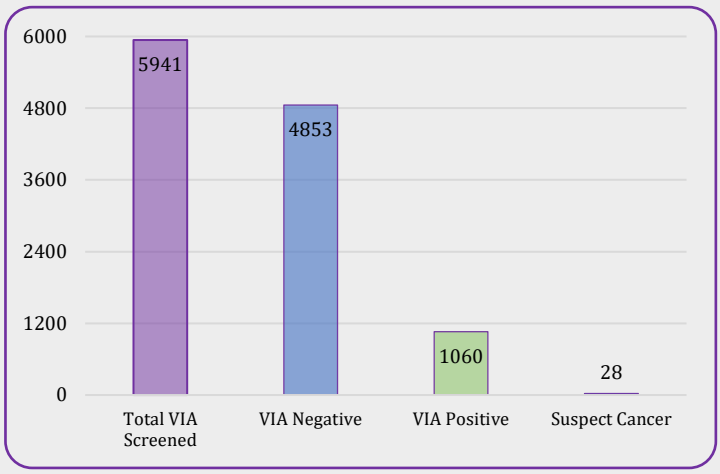

Figure 46: Number of Women Screened for Cervical Cancer Using VIA Method by Screening Result in MHSS Health Facilities in Namibia, July to September 2022

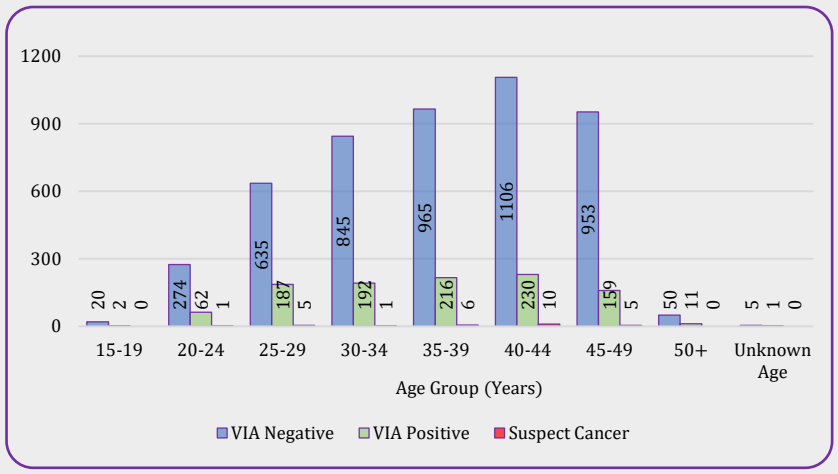

Figure 47: Number of Women Screened for Cervical Cancer Using VIA Method by Screening Result and Age Group in MHSS Health Facilities in Namibia, July to September 2022

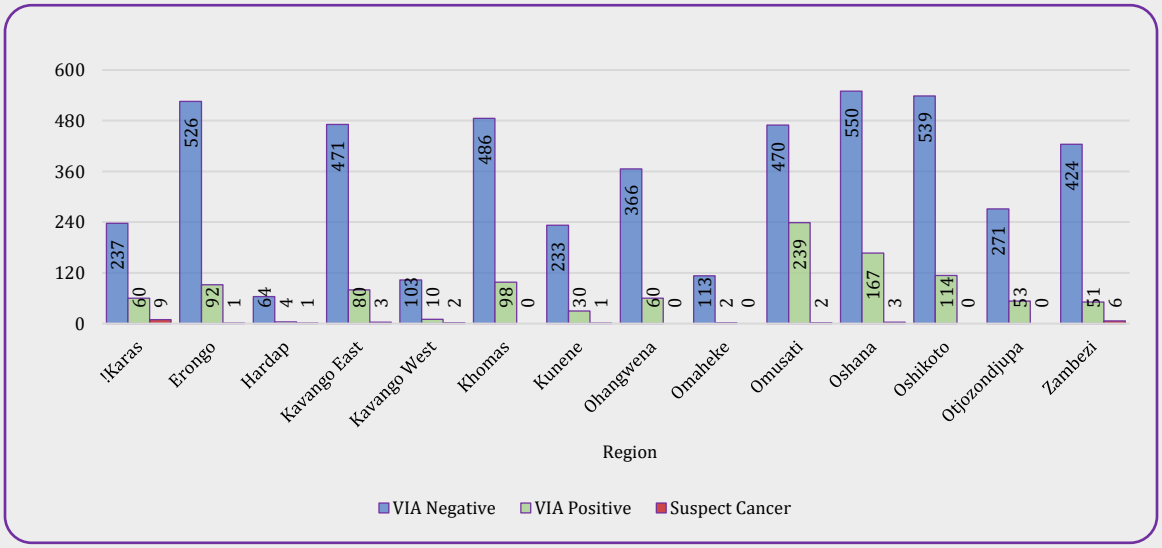

Figure 48: Number of Women Screened for Cervical Cancer Using VIA Method by Screening Results and Region in MHSS Health Facilities in Namibia, July to September 2022

Treatment Methods for Abnormal Screening Results

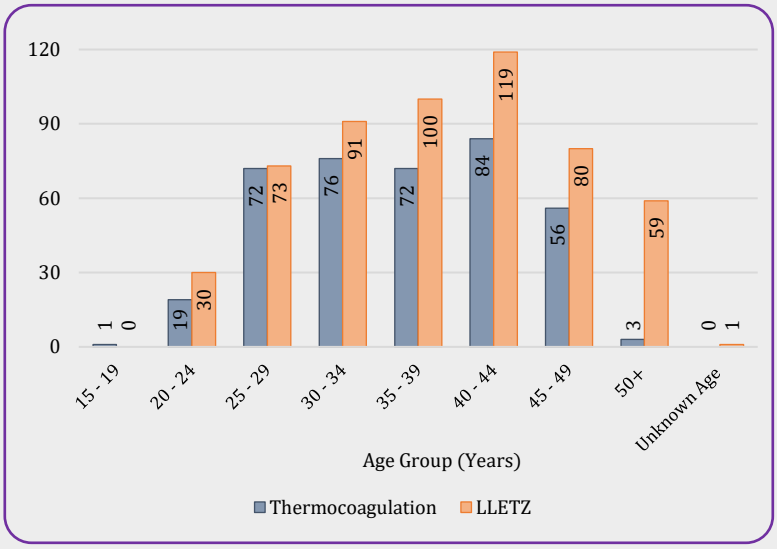

Figure 49: Number of VIA Positive Women Treated for CxCa by Treatment Method and Age Group in MHSS Health Facilities in Namibia, July to September 2022

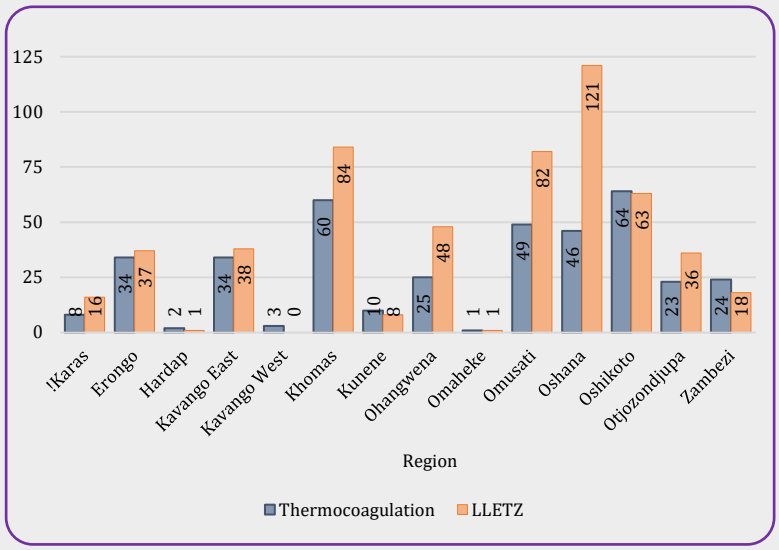

Figure 50: Number of VIA Positive Women Treated for CxCa by Treatment Method and Region in MHSS Health Facilities in Namibia, July to September 2022

Voluntary Medical Male Circumcision (VMMC)

***Note**: Data reported under VMMC includes number of males circumcised under the VMMC program and male circumcisions done for any other purpose.*

Number of VMMC Done

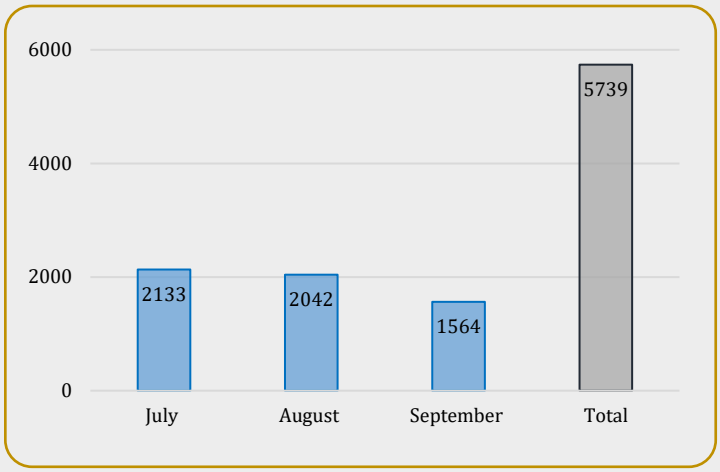

Figure 51: Number of VMMC Done by Month in MHSS Health Facilities in Namibia, July to September 2022

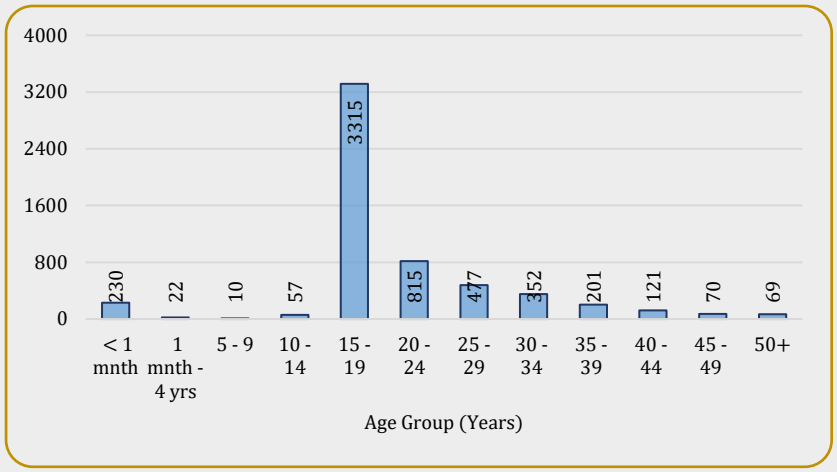

Figure 52: Number of VMMC Done by Age Group in MHSS Health Facilities in Namibia, July to September 2022

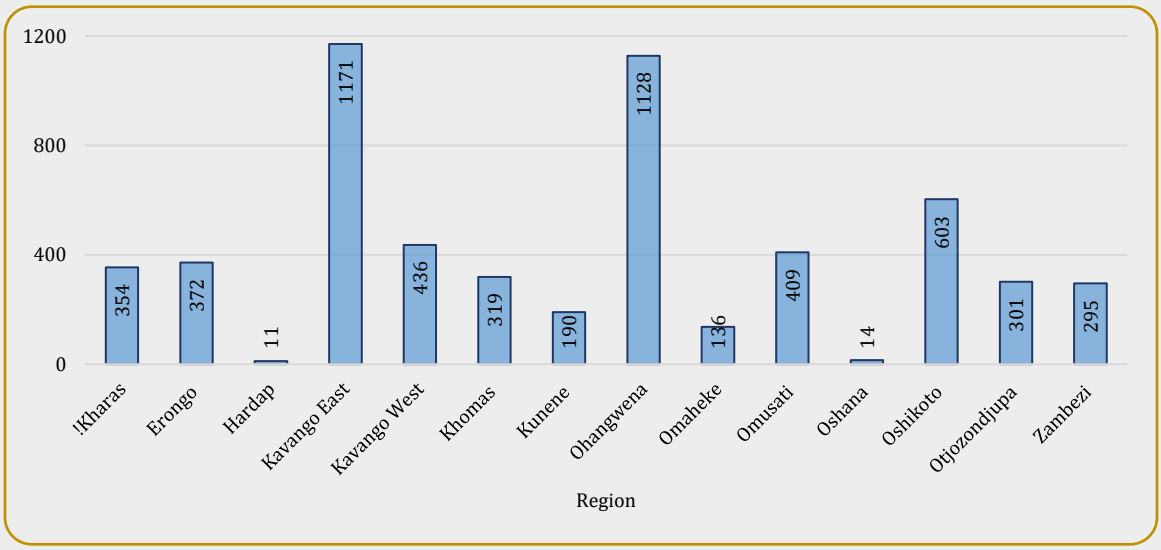

Figure 53: Number of VMMC Done by Region in MHSS Health Facilities in Namibia, July to September 2022

HIV Testing in VMMC

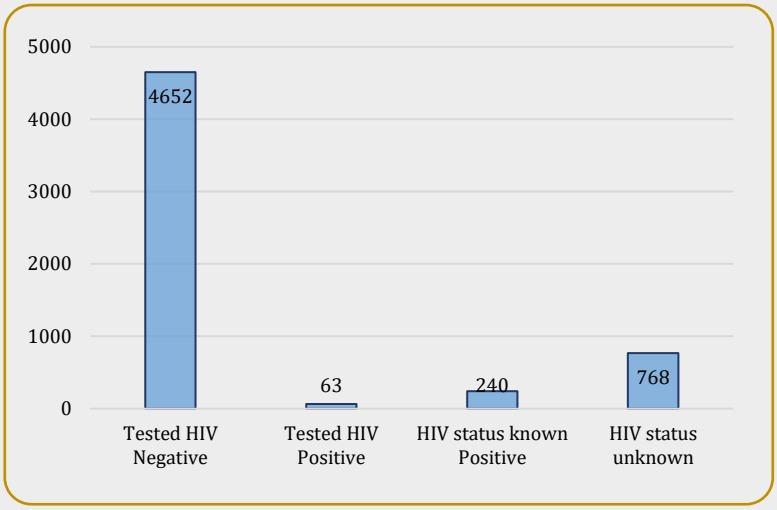

Figure 54: Number of HIV Testing Done in VMMC Settings in MHSS Health Facilities in Namibia, July to September 2022

VMMC Quarterly Trends

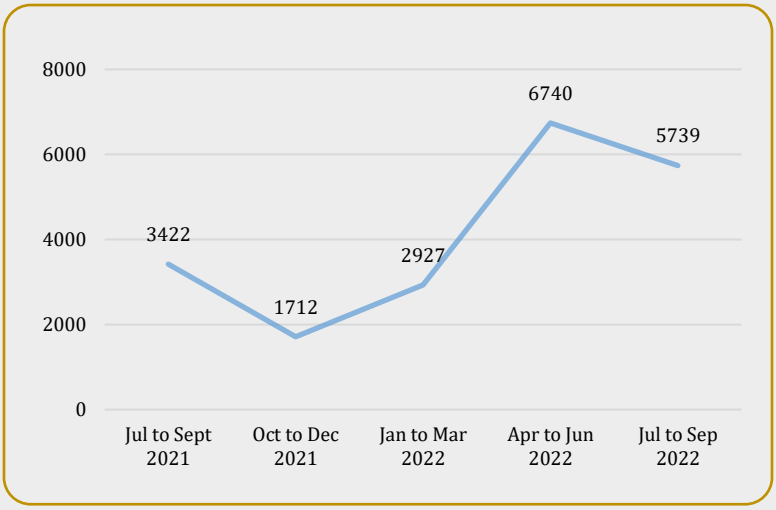

Figure 55: Quarterly Trend for VMMC Done in MHSS Health Facilities in Namibia, July 2021 to September 2022

***Note:** HIV Status Unknown could represent clients who presented a recent HIV negative result and clients who refused HIV testing at VMMC.*

Reporting Rate in VMMC

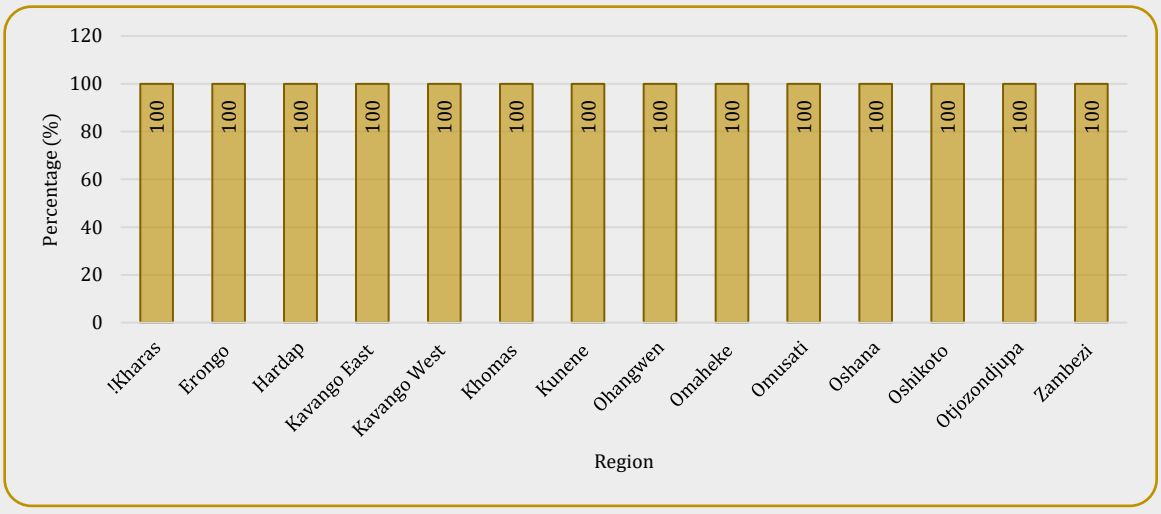

Figure 56: Reporting Rate in VMMC by Region in MHSS Health Facilities in Namibia, July to September 2022

Malaria Program

A total of 10,926 malaria cases had been reported during January to September 2022. This is a 16% decrease compared to the same period in 2021 (12714). 88% of the cases reported this year were local transmissions and 12% were imported. There were 620 admissions and 30 deaths reported in 2022, of these, 14 admissions and 3 deaths were reported in the period under review (July to September 2022). The main drivers of malaria transmission identified countrywide include the poor IRS coverage (23%) due to a lack of insecticides and high rainfalls, cross border movements and other prevailing factors. Zambezi outbreak accounts for the majority (65%) of the cases reported, however, all regions have observed a spike in cases compared to 2021.

Malaria Incidence

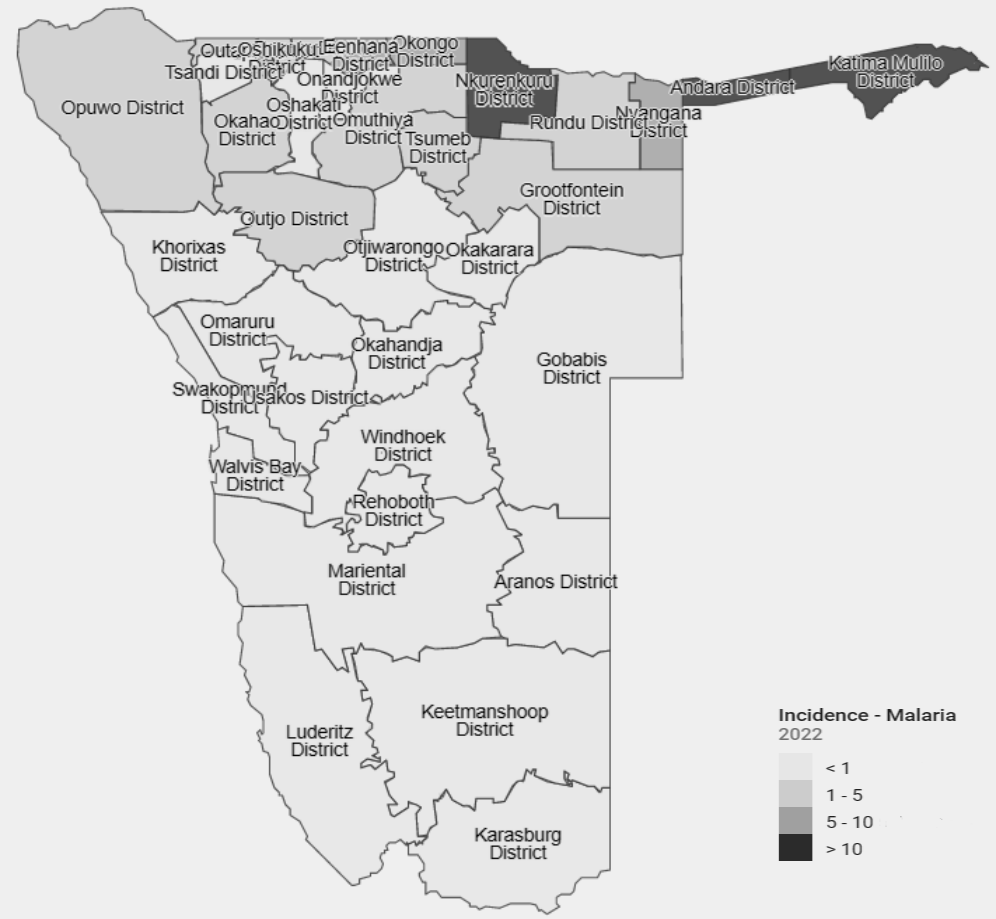

Figure 57: District Malaria Incidence Map in Namibia, January to September 2022

Malaria Cases

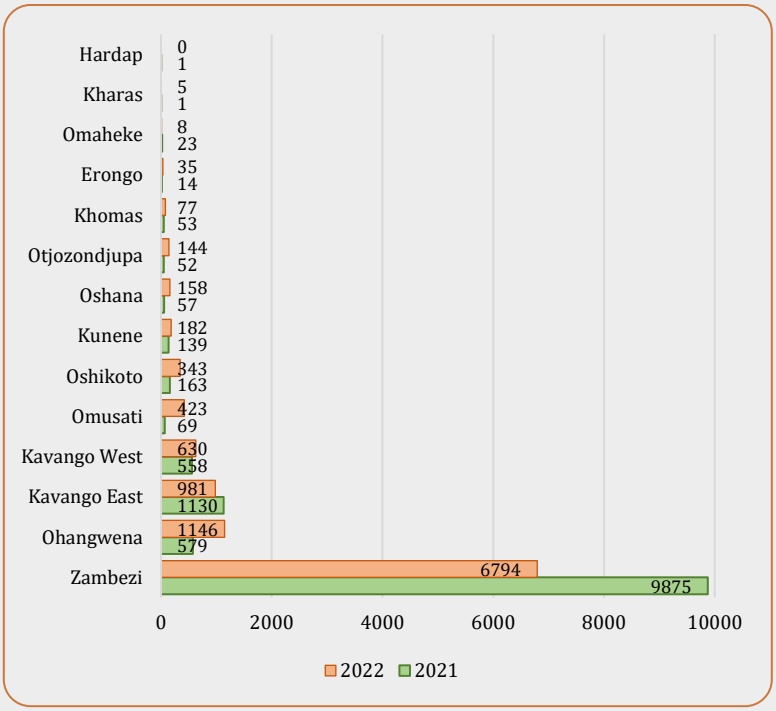

Figure 58: Number of Confirmed Malaria Cases using RDT/Microscopy in public and private health facilities in Namibia, comparison of 2021 and 2022, January to September

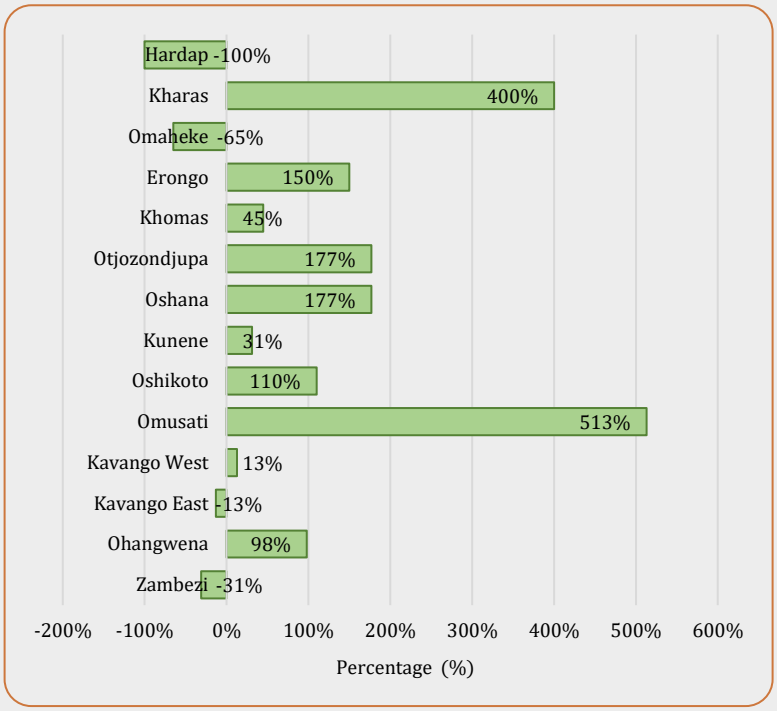

Figure 59: Percentage Change in Number of Malaria Cases Confirmed between 2021 and 2022 by Region in Namibia, January to September

Cases By Classification

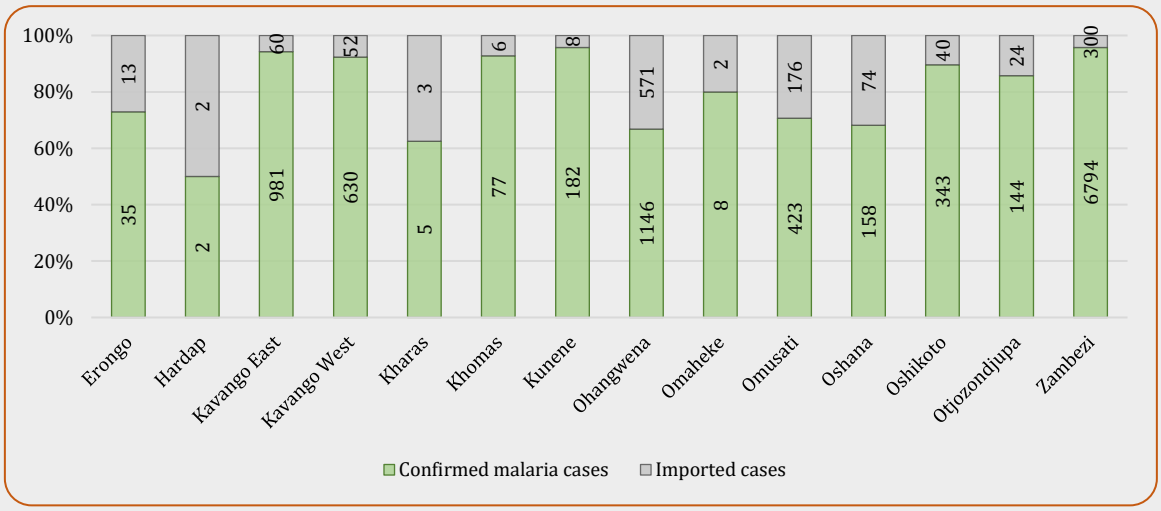

Figure 60: Number of Malaria Cases by Classification and Region in Namibia, January to September 2022

Malaria Testing and Treatment

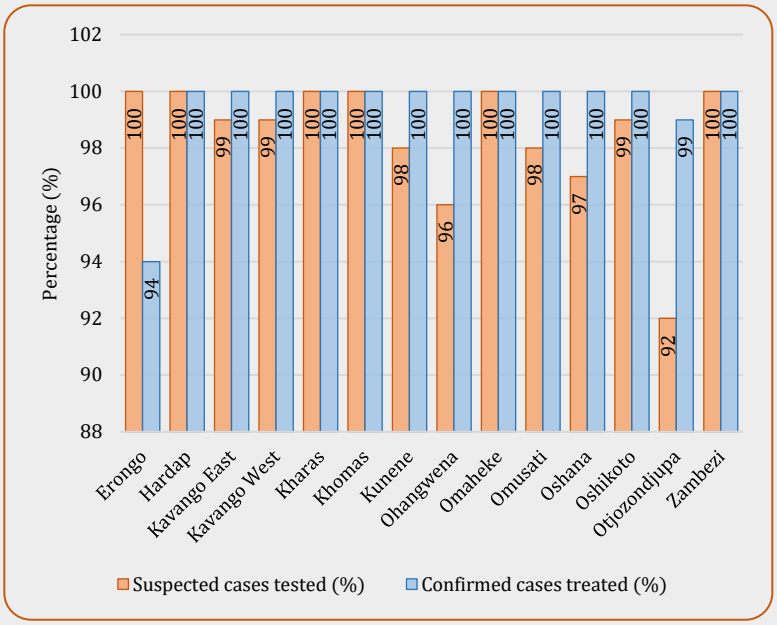

Figure 61: Testing Rate of Suspected Cases and Treatment Rate of Confirmed Cases by Region in Namibia, January to September 2022

Malaria Deaths

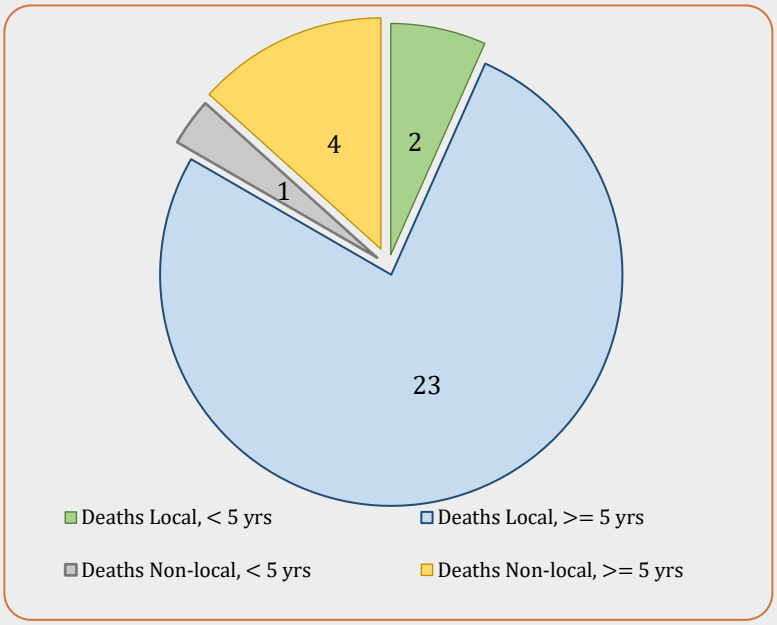

Figure 62: Number of Reported Malaria Deaths by Classification and Age Group in Namibia, January to September 2022

Spraying Campaign

District	Total structures targeted (microplan)	Target coverage microplan (%)	Locked structures (%)	Refusal (%)
Andara	16 118	34.15	18.19	10.84
Eenhana	117 139	16.82	13.55	5.8
Engela	194 843	10.33	7.74	4.18
Grootfontein	7 028	55.41	13.28	15.58
Katima Mulilo	85 737	61.83	13.3	7.49
Khorixas	8 101	50.62	8.07	2.0
Nkurenkuru	40 798	41.3	17.29	18.29
Nyangana	28 885	24.29	8.34	1.25
Okahao	37 096			
Okakarara	6 262	74.61	15.17	7.93
Okongo	46 897	33.55	5.45	1.3
Omuthiya	12 927	87.14	6.71	1.15
Onandjokwe	52 013	10.53	4.94	1.17
Opuwo	16 868	45.3	18.69	10.96
Oshakati	83 284	12.75	16.24	5.3
Oshikuku	45 132	7.97	7.65	1.17
Outapi	42 812	30.62	6.33	1.62
Outjo	11 496	80.23	3.56	6.87
Rundu	139 903	22.03	11.76	6.03
Tsandi	31 099			
Tsumeb	6 548	42.29	9.7	8.69
Namibia	**1 030 986**	**23.78**	**11.69**	**6.79**

Figure 63: Targeted IRS (Indoor Residual Spray) Coverage Rate in Namibia, 2021/22

Reporting Rate in Malaria

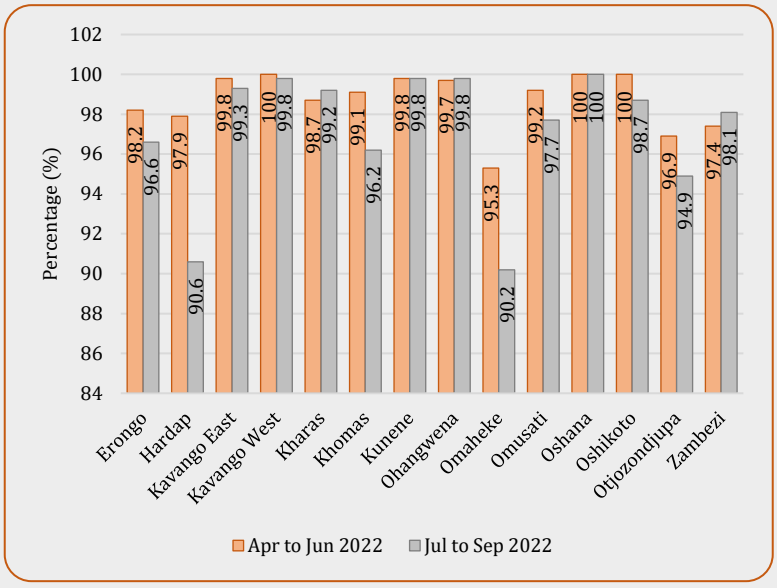

Figure 64: Reporting Rate by Region and Quarter in Health Facilities in Namibia, April to September 2022

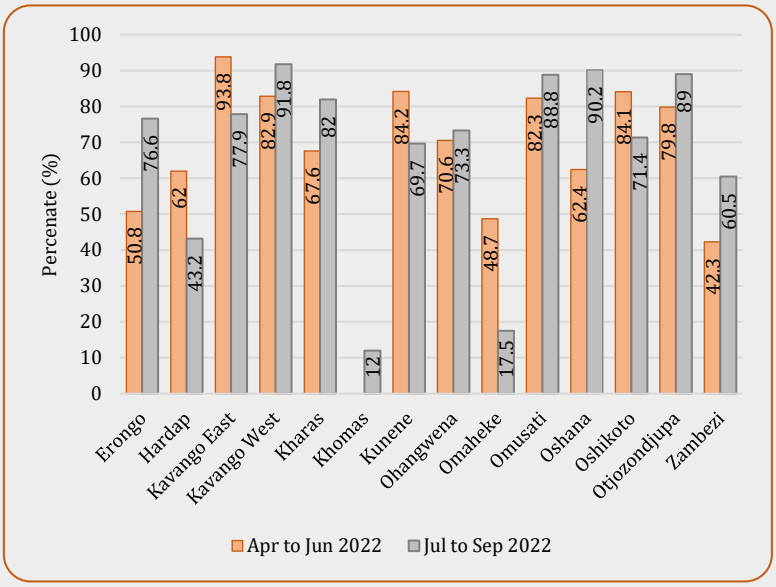

Figure 65: Timeliness Reporting Rate by Region and Quarter in Health Facilities in Namibia, April to September 2022

SECTION II: DATA REPORTED THROUGH THE MULTI-SECTORAL INFORMATION MANAGEMENT SYSTEMS (MIMS)

***Note:** MIMS is a system that collects, analyzes, and reports HIV/AIDS response information from non-MHSS facilities including but not limited to private-for-profit facilities, community based Civil Society Organisations (CSO) and other line ministries. The current report contains data from Development Aid from People-to-People (DAPP), Men's Health Program that operates under MHSS (DSP), Namibian Correctional Service (NCS), Omnicare Trust, Walvis Bay Corridor Group (WBCG), Namibia Health Plan (NHP) and Namibia Planned Parenthood Association (NAPPA). These organizations target different population groups such as men (e.g., Men's Health), adolescent girls and young women (e.g., WBCG, DAPP, NHP), key population groups (e.g., NAPPA, WBCG, Omnicare Trust).*

HIV Testing Services

HIV Testing Service by Sex

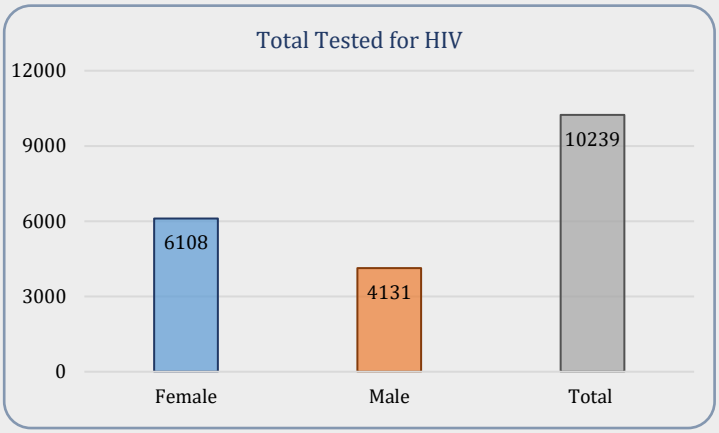

Figure 66: Number of Clients Tested for HIV by Sex in Non-MHSS Facilities in Namibia, July to September 2022

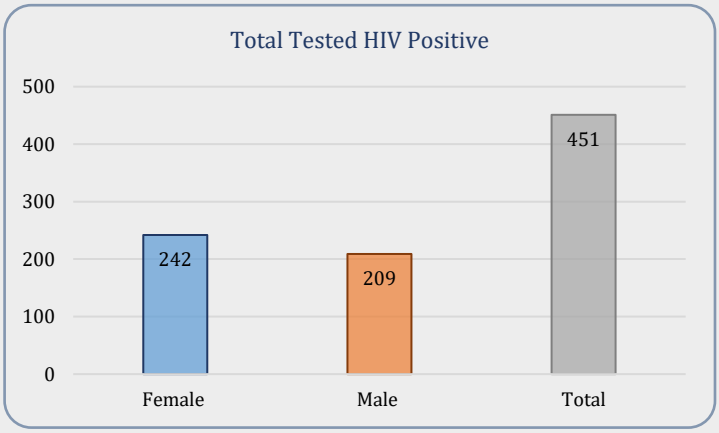

Figure 67: Number of Clients Tested HIV Positive by Sex in Non-MHSS Facilities in Namibia, July to September 2022

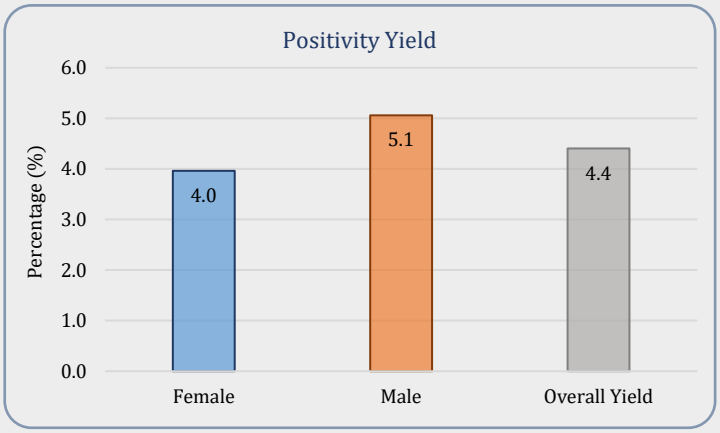

Figure 68: Positivity Yield by Sex in Non-MHSS Facilities in Namibia, July to September 2022

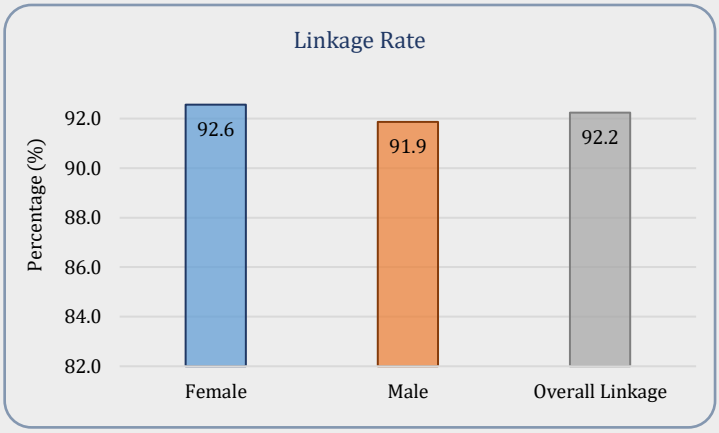

Figure 69: Proportion of Clients Tested HIV Positive and Linked to Care by Sex in Non-MHSS Health Facilities in Namibia, July to September 2022

HIV Testing Service by Age Group

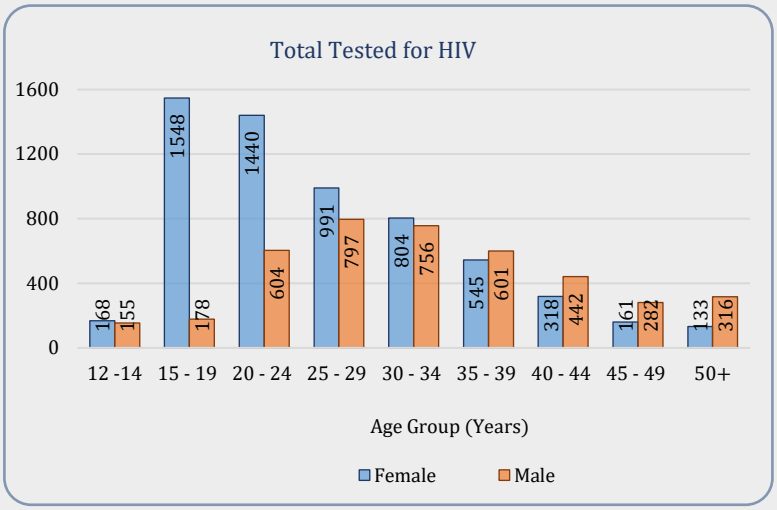

Figure 70: Number of Clients Tested for HIV by Age Group and Sex in Non-MHSS Facilities in Namibia, July to September 2022

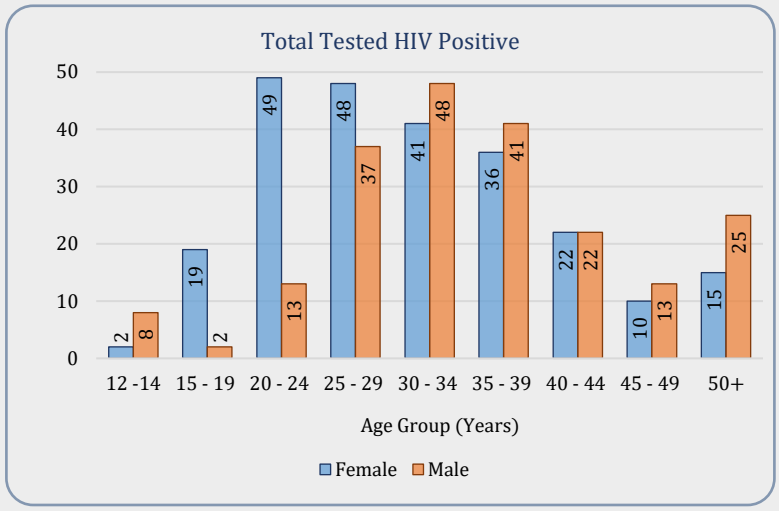

Figure 71: Number of Clients Tested HIV Positive by Age Group and Sex in Non-MHSS Facilities in Namibia, July to September 2022

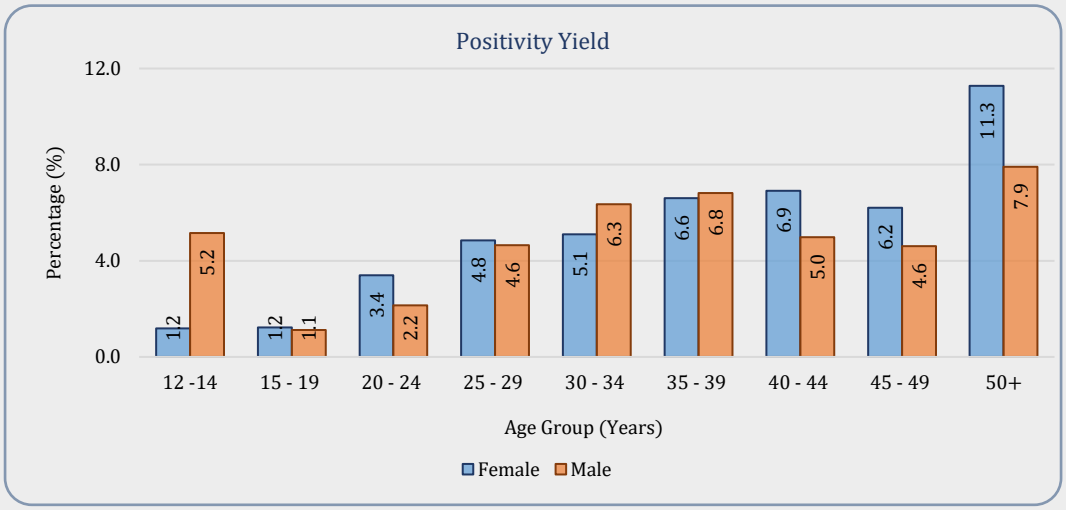

Figure 72: Positivity Yield by Age Group and Sex in Non-MHSS Facilities in Namibia, July to September 2022

HIV Testing Service by Organisation

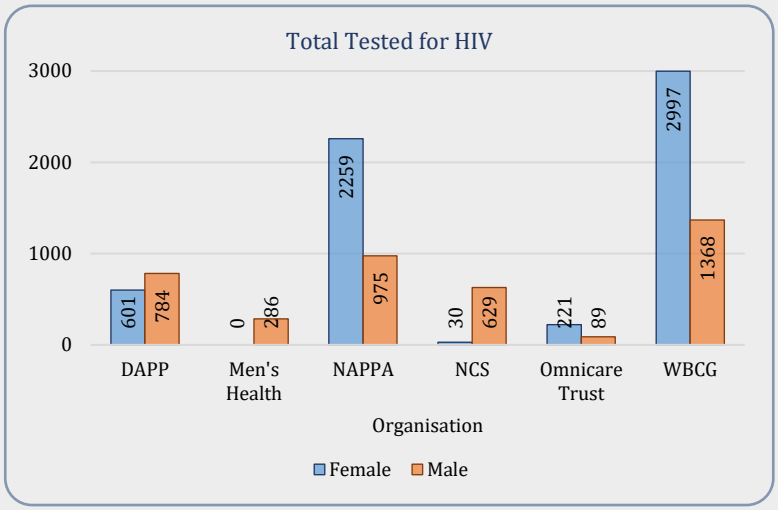

Figure 73: Number of Clients Tested for HIV by Organisation and Sex in Non-MHSS Facilities in Namibia, July to September 2022

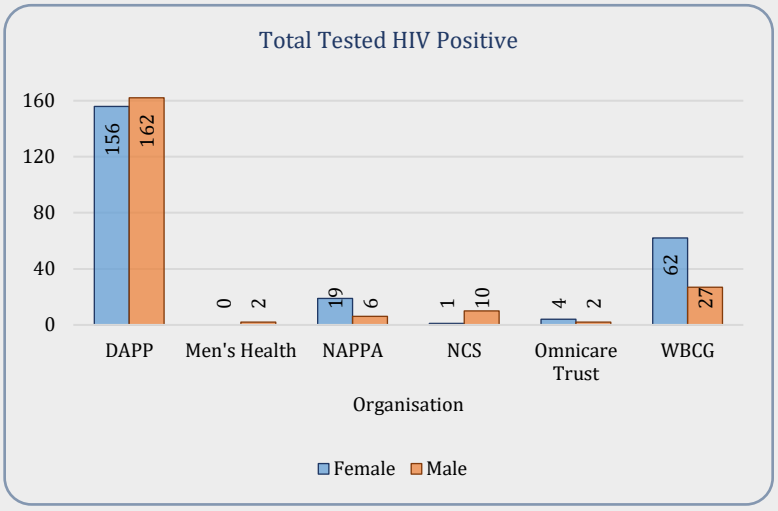

Figure 74: Number of Clients Tested HIV Positive by Organisation and Sex in Non-MHSS Facilities in Namibia, July to September 2022

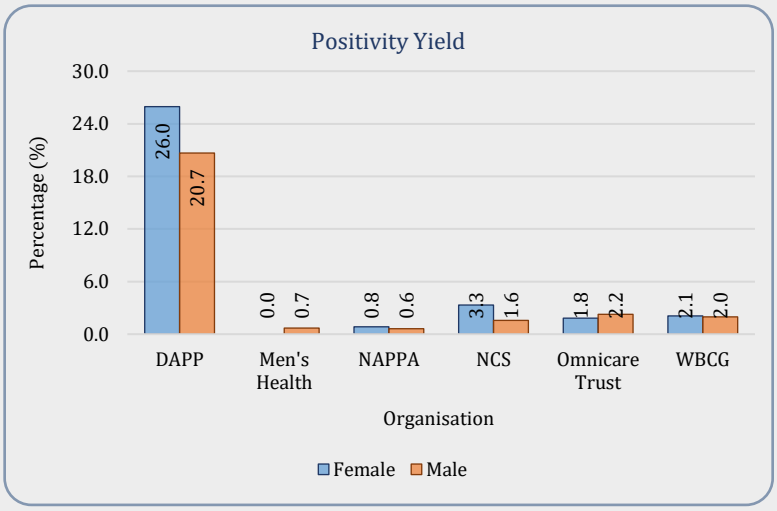

Figure 75: Positivity Yield by Organisation and Sex in Non-MHSS Facilities in Namibia, July to September 2022

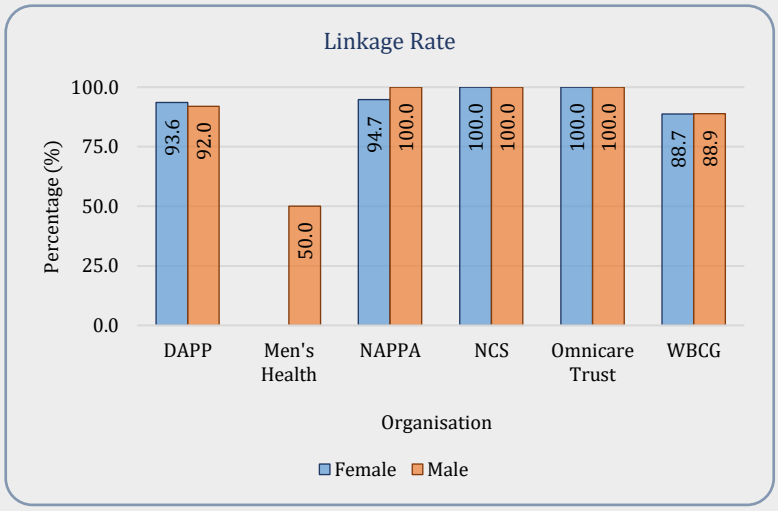

Figure 76: Percentage of Clients Tested HIV Positive and Linked to Care by Organisation and Sex in Non-MHSS Facilities in Namibia, July to September 2022

HIV Testing Service Trends

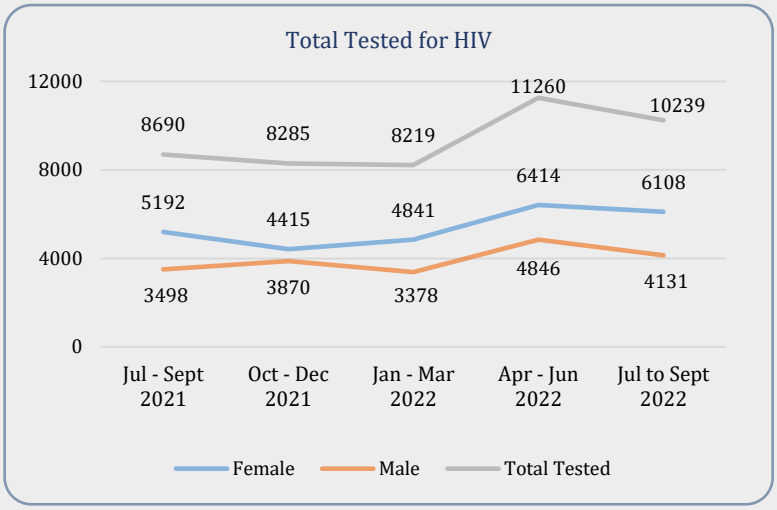

Figure 77: Quarterly Trend of Clients Tested for HIV by Sex from Non-MHSS Facilities in Namibia, July 2021 to September 2022

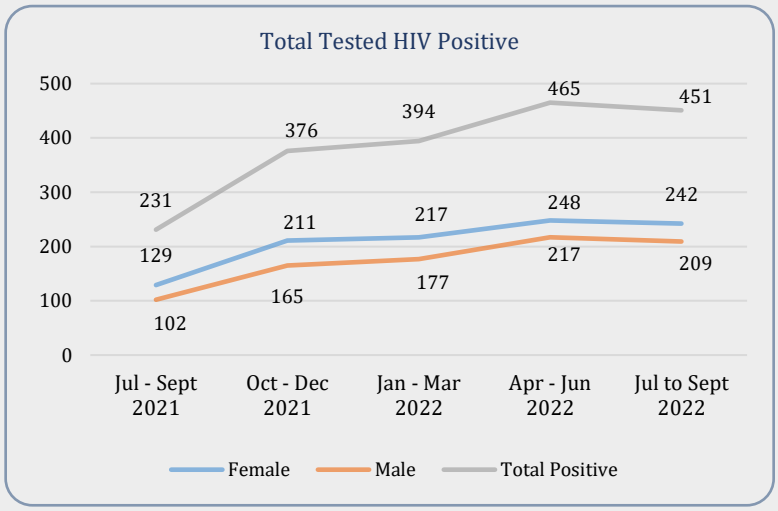

Figure 78: Quarterly Trend of Clients Tested HIV Positive by Sex from Non-MHSS Facilities in Namibia, July 2021 to September 2022

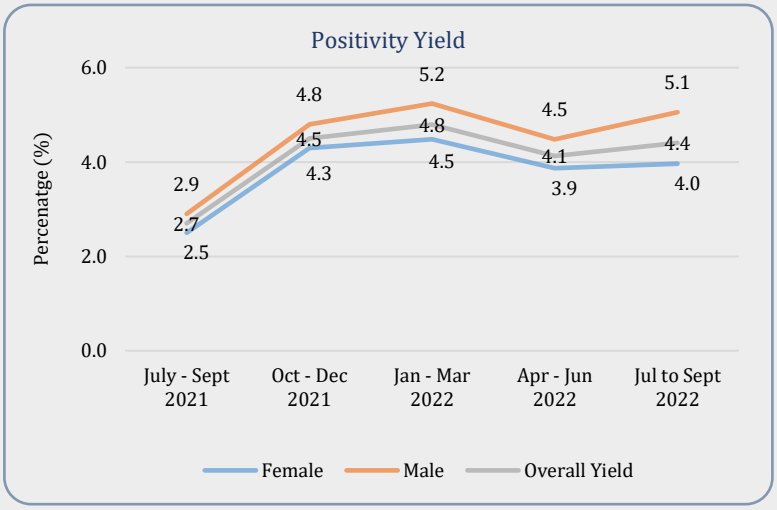

Figure 79: Quarterly Trend for Positivity Yield in Non-MHSS Facilities in Namibia, July 2021 to September 2022

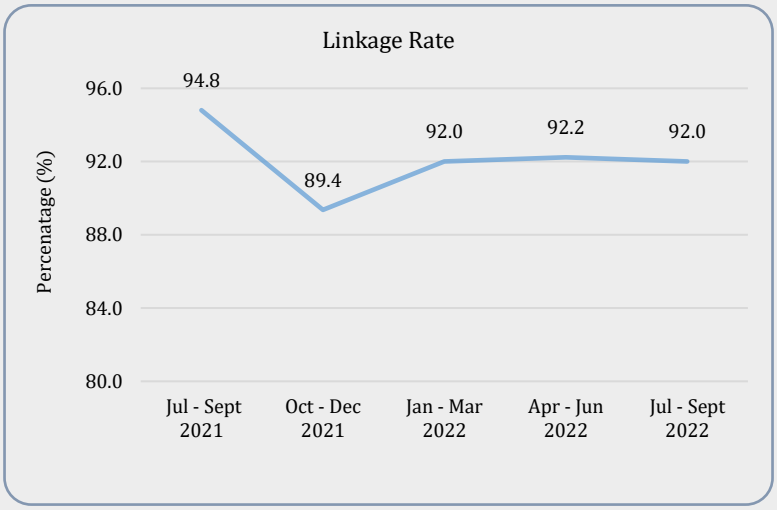

Figure 80: Quarterly Trend of Linkage Rate to Care in Non-MHSS Facilities in Namibia, July 2021 to September 2022

Reporting Rate for HTS in MIMS

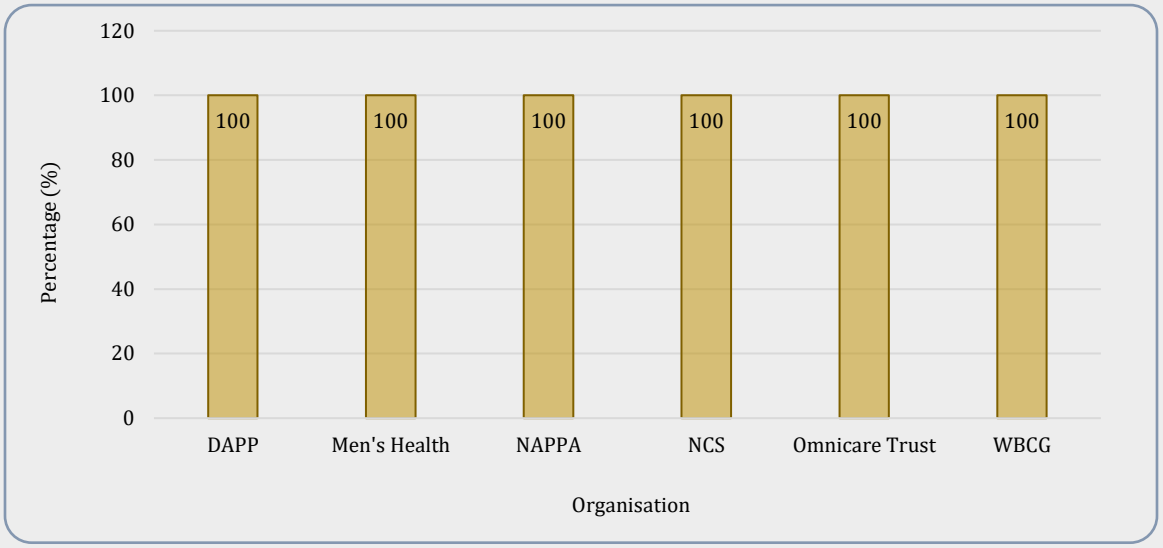

Figure 81: Reporting Rate for HTS in MIMS by Organisation in Non-MHSS Facilities in Namibia, July to September 2022

ART Services in MIMS

Patients Currently Active on ART

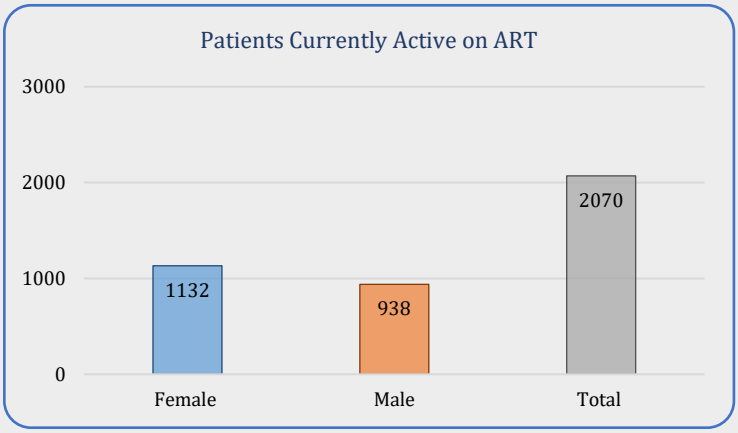

Figure 82: Total Number of Patients Currently Active on ART by Sex in non-MHSS Facilities Namibia, July to September 2022

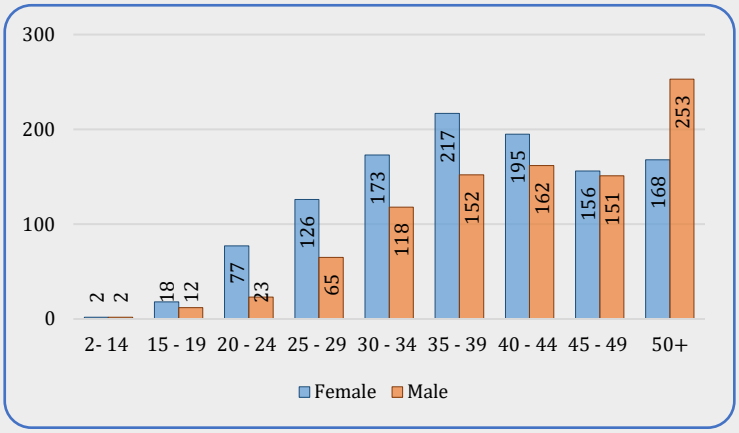

Figure 83: Total Number of Patients Currently Active on ART by Sex and Age Group in non-MHSS Facilities Namibia, July to September 2022

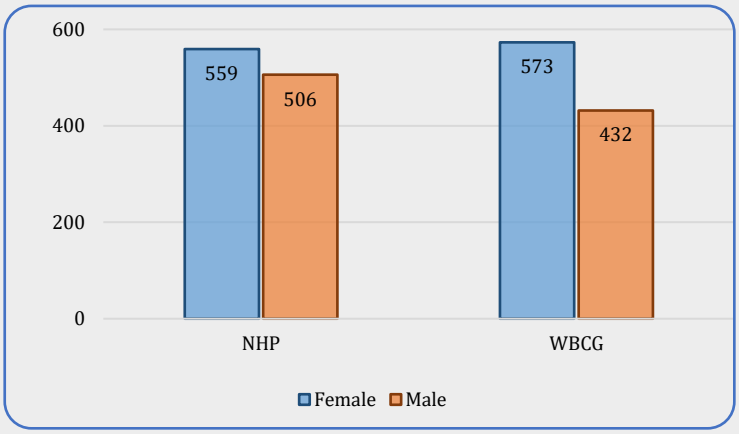

Figure 84: Total Number of Patients Currently Active on ART by Sex and organisation in non-MHSS Facilities Namibia, July to September 2022

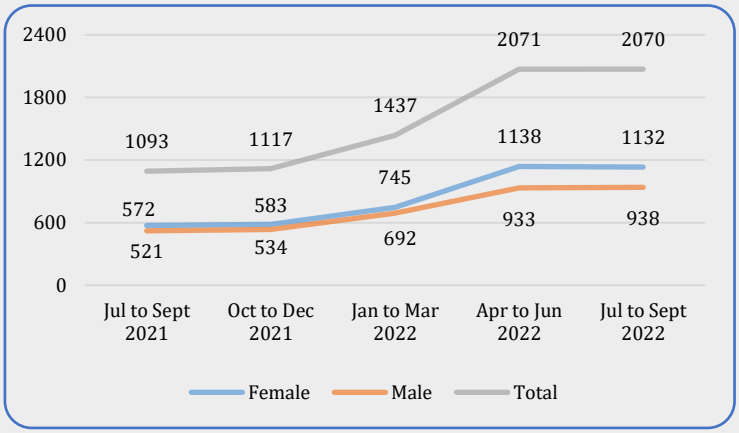

Figure 85: Quarterly Trend of Patients Currently Active on ART in non-MHSS Health Facilities in Namibia, July 2021 to September 2022

VMMC in MIMS

Number of VMMC Done

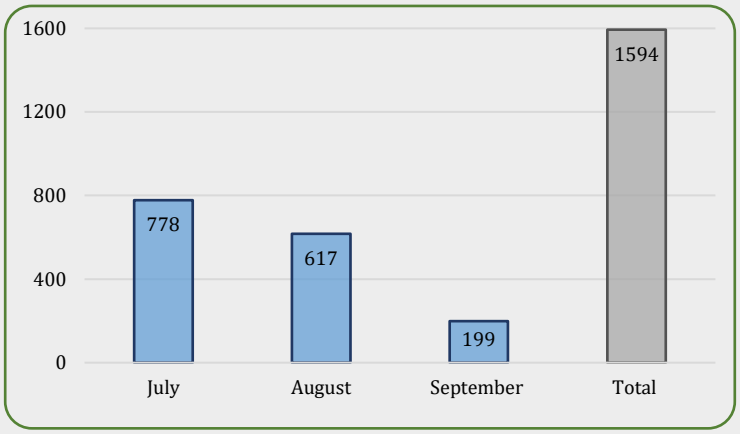

Figure 86: Number of VMMC Done by Month in Non-MHSS Facilities in Namibia, July to September 2022

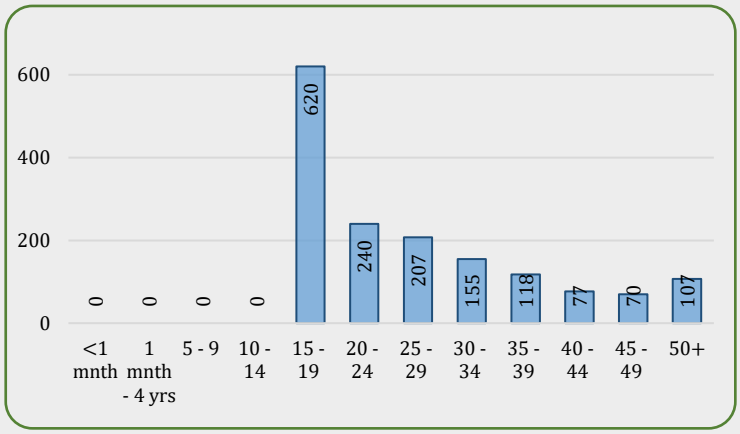

Figure 87: Number of VMMC Done by Age Group in Non-MHSS Health Facilities in Namibia, July to September 2022

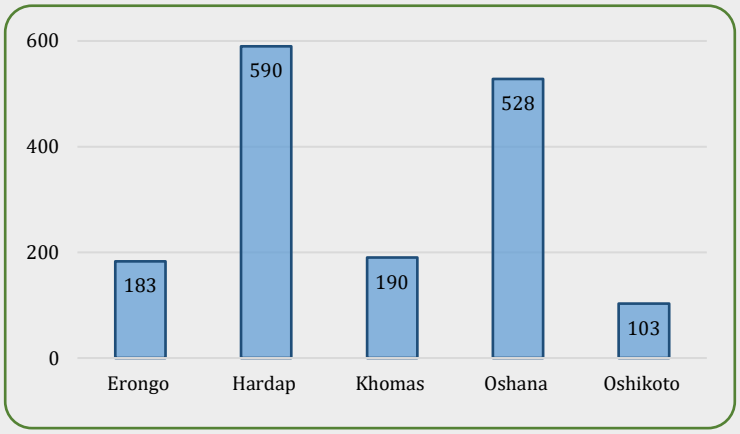

Figure 88: Number of VMMC Done by Region in Non-MHSS Health Facilities in Namibia, July to September 2022

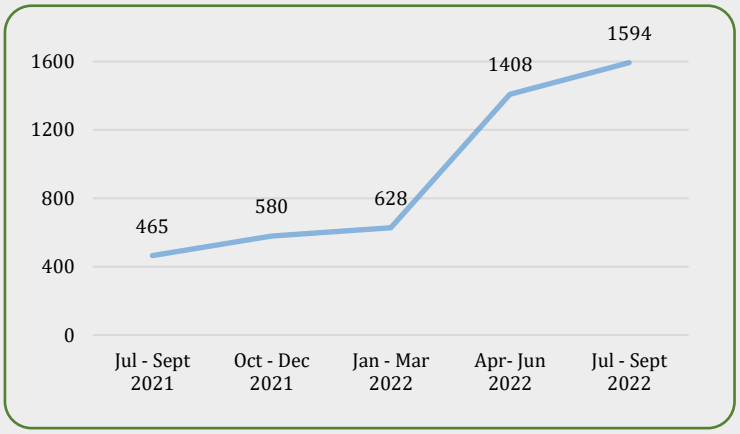

Figure 89: Quarterly Trend for VMMC Done in Non-MHSS Health Facilities in Namibia, July 2021 to March 2022