



REPUBLIC OF NAMIBIA

MHSS

Ministry of Health and
Social Services

MINISTRY OF HEALTH AND SOCIAL SERVICES
DIRECTORATE OF SPECIAL PROGRAMMES
RESPONSE MONITORING AND EVALUATION SUBDIVISION

Quarterly Bulletin
January to March 2022
(Quarter 4)

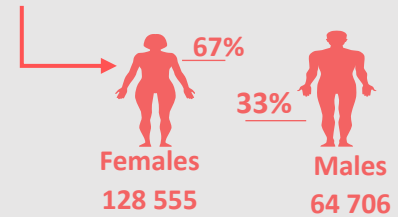
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AT A GLANCE

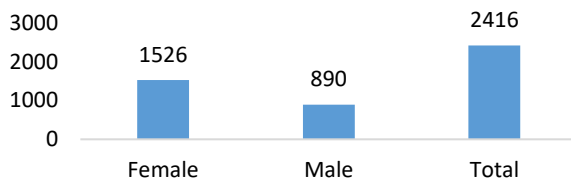


A total of **104 524** people tested for HIV: **77 630** females and **26 894** males

Namibia currently has **193, 261 HIV+** patients on treatment



Total number of clients tested HIV positive



93% Successfully linked to care

HIV Testing Yield - **2.3%**

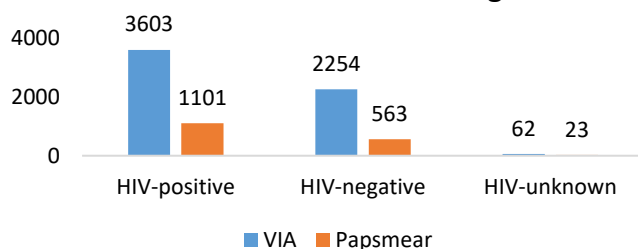
Males - **3.3%**

Females - **2.0%**

2 504 Patients newly started on ART of which **1 732** started TPT

TB Screening for Quarter Four is **91%**

Cervical Cancer Screening



3 555 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 includes (1) supporting the Directorate of Special Programmes in providing guidance and coordination on routine data collection activities of the Health Sector Response Division (HSRD). (2) Shepherding of research and evaluation activities related to the HSRD. (3) Coordination of the HIV and AIDS multi-sectoral monitoring and evaluation activities in line with the UNAIDS “Three Ones Principles” which calls for countries to have 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 2021/22 which is a necessary and critical feature of Namibia’s HIV and AIDS Response. This document 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 of HIV and AIDS response.

Data needs vary for different audiences and therefore exhibiting the progress of implementation on various programmes can never be sufficient. The expectation of this Bulletin focuses on the data and progress done for quarter four which runs from January to March of the 2021/22 financial year.

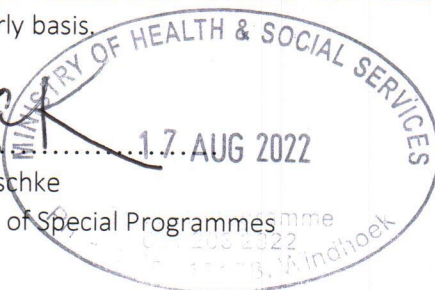
Data systems in many parts of the world face challenges related to human resource constraints, limited infrastructures, and reduced level of data quality. These general challenges among others also affect the RME subdivision. The RME is continuously engaging various stakeholders to seek and implement various activities to improve data quality. Various strategies are also being implemented to mitigate challenges that the subdivision is encountering. These ongoing efforts form the basis of the positive confidence in the data that RME produces. As a demonstration to this, two more developments during 2021 are worth mentioning at this juncture. Namibia completed the national rollout of the Quantum-electronic Patient Monitoring System (Q-ePMS) replacing the legacy Electronic Patient Monitoring System (ePMS) as well as the Multi Sectoral Information Management System (MIMS)s’ District Health Information System (DHIS2) to be used by community-based organisations and HIV program implementing partners.

Despite the ongoing COVID-19 pandemic, RME has continued to meet its regular reporting obligations. The Directorate extends gratitude to all relevant stakeholders for their continuous support and engagement, as well as to encourage the public to utilize the information contained in this document.

The RME will seek to include data variables from other programmes and continue the production of this bulletin on a quarterly basis.


Ms. Anne-Marie Nitschke

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
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

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SUMMARY NOTES

Welcome to our Quarterly Bulletin that describes HIV and related programmes performance for the period of January to March 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-governmental organizations (NGOs) under the Multi-Sectoral Information Management System (MIMS).

This performance data covers program areas of HIV testing, Antiretroviral Therapy (ART), TB screening among HIV positive clients, TB Preventative Therapy (TPT), Voluntary Medical Male Circumcision (VMMC) and Cervical Cancer Screening.

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. For example, the CECAP program is more suited to provide the most feasible explanation for a drop in the number of women screened for Cervical Cancer (CxCa) using Visual Inspection with Acetic Acid (VIA) method during this quarter compared to previous one.

A total of 104,524 individuals were tested for HIV infection (74.3% females) during the quarter of January to March 2022. Of these, 2,416 (2.3%) were found to be HIV positive. On the other hand, a total of 2,504 individuals were newly initiated on ART this quarter. While a total of 193,261 people living with HIV (PLHIV) were actively receiving ART. This quarter also showed an HIV viral load suppression rate of 94.3% among those who received the test.

During this quarter more, clients were tested for HIV compared to the last quarter i.e. 95,942 compared to 104,524 respectively. The number of patients active on ART this quarter increased by 2,816 from 190,445 to 193,261.

About 3,555 VMMC were done during the period of January to March 2022. Young men aged 15-19 years made up 53.8% of the beneficiaries and about two-thirds of the reported VMMC were performed in four regions, namely Ohangwena, Kavango East, Oshana and Oshikoto. The data reported under the MIMS on VMMC represents numbers reported through ABT Associates and not necessarily numbers from the non-MHSS health facilities.

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. There is still a need to encourage the importance of regular reporting by the Civil Society Organizations (CSO). RME will continue to work closely with concerned stakeholders to facilitate this process.

Section I: DATA REPORTED FROM MHSS FACILITIES

HIV Testing

Total Tested for HIV

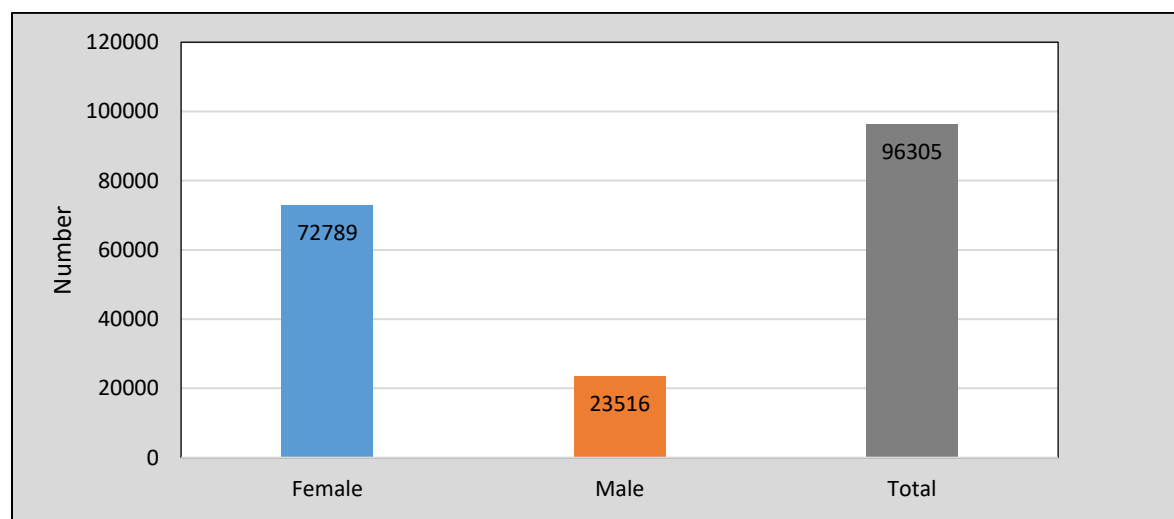


Figure 1: Total Number of Clients Tested for HIV by Sex in MHSS Health Facilities in Namibia, January to March 2022

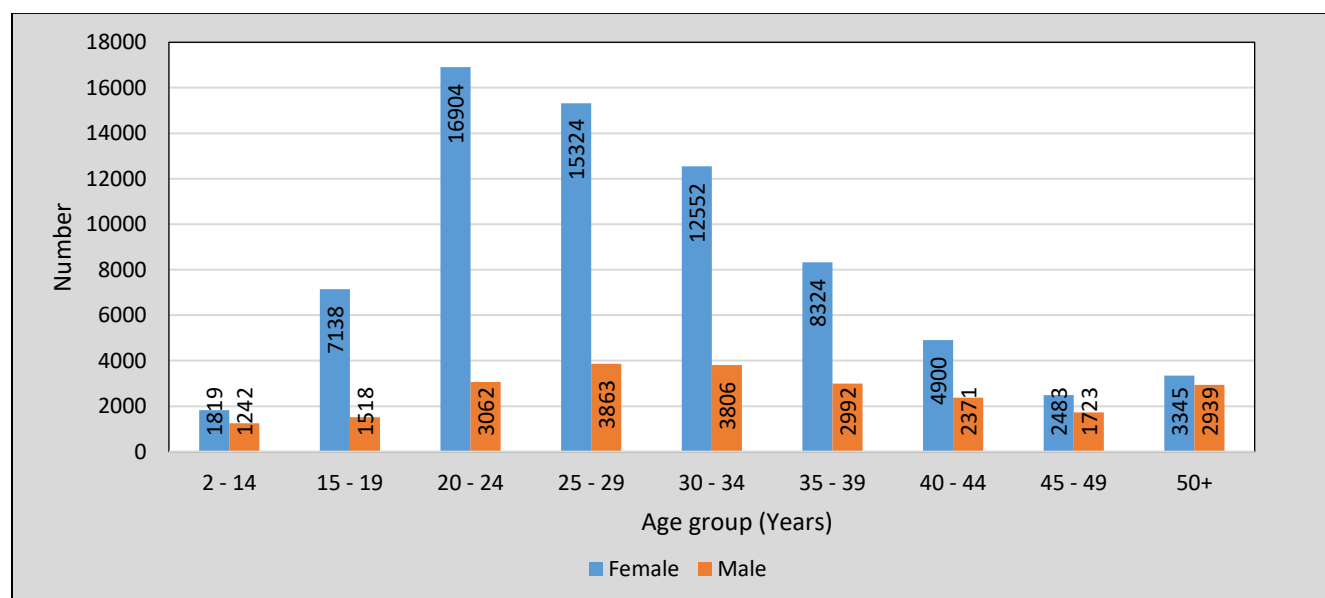


Figure 2: Total Number of Clients Tested for HIV by Age Group and Sex in MHSS Health Facilities in Namibia, January to March 2022

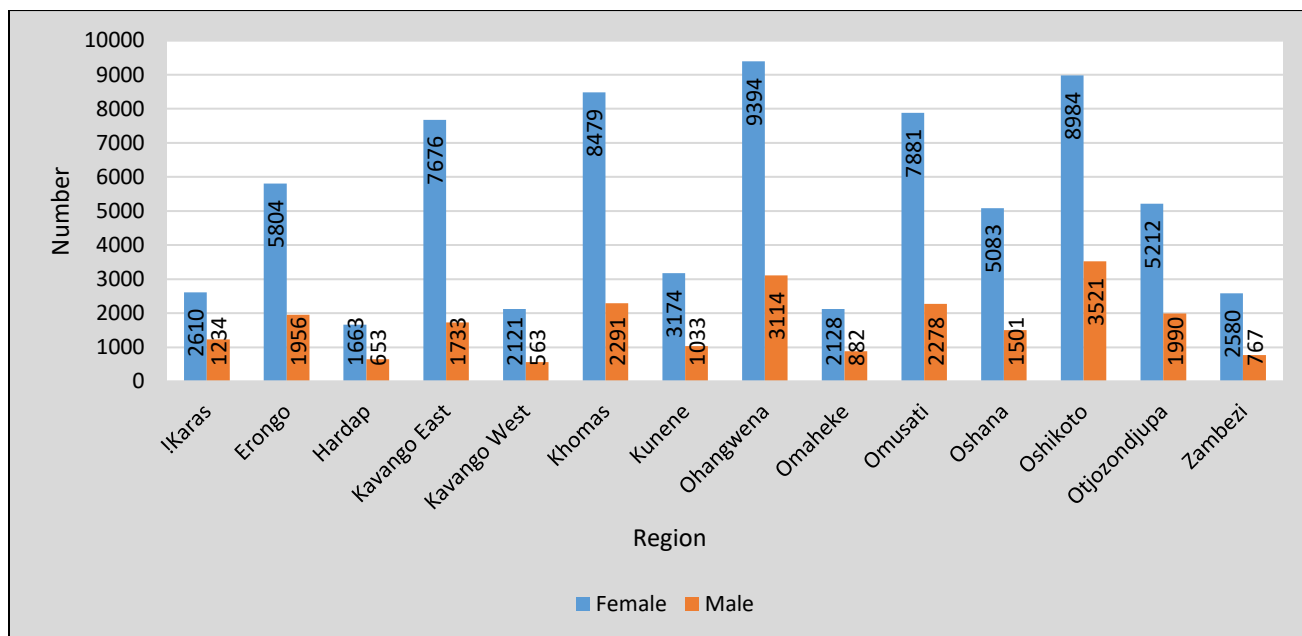


Figure 3: Total Number of Clients Tested for HIV by Region and Sex in MHSS Health Facilities in Namibia, January to March 2022

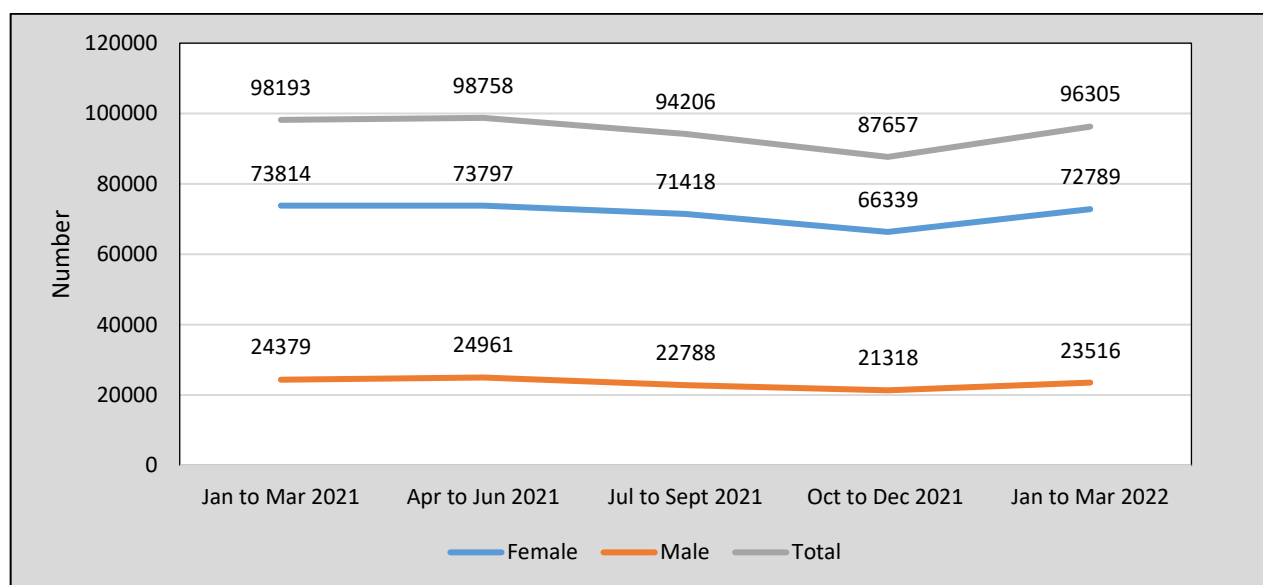


Figure 4: Quarterly Trend of Clients Tested for HIV by Sex from January 2021 to March 2022

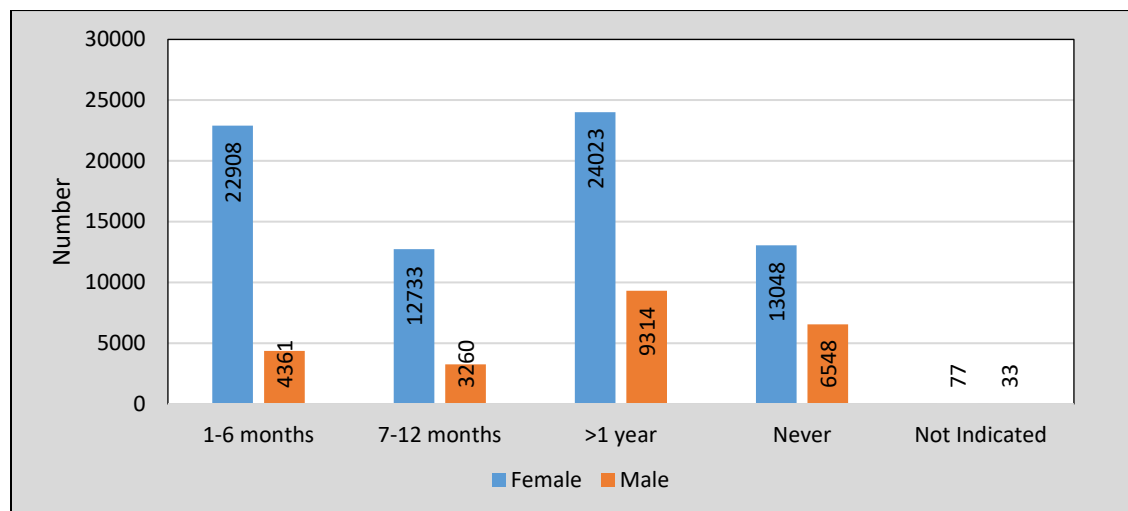


Figure 5: Total Number of Clients Tested for HIV by Sex and Period of Last HIV Test, in MHSS Health Facilities in Namibia, January to March 2022

Total Testing HIV Positive

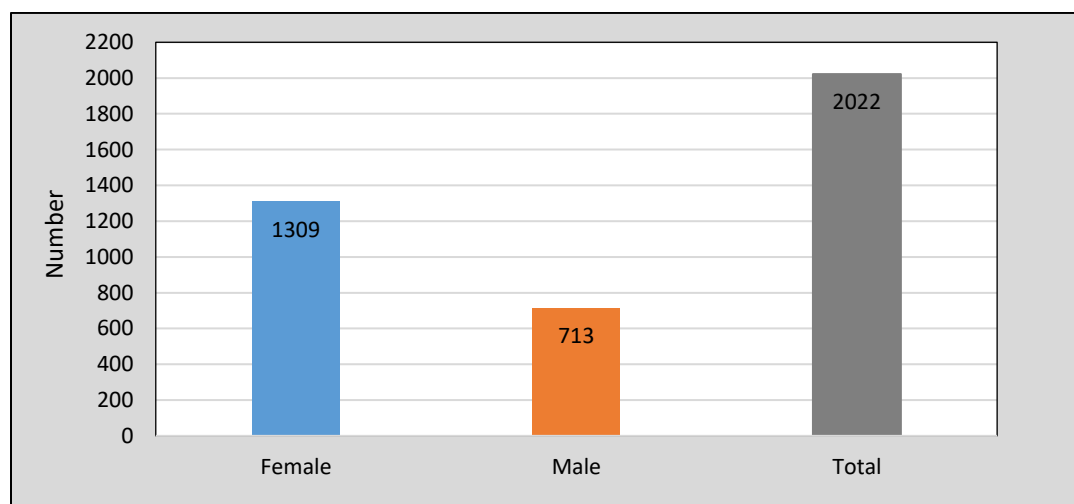


Figure 6: Total Number of Clients Tested Positive for HIV by Sex in MHSS Health Facilities in Namibia, January to March 2022

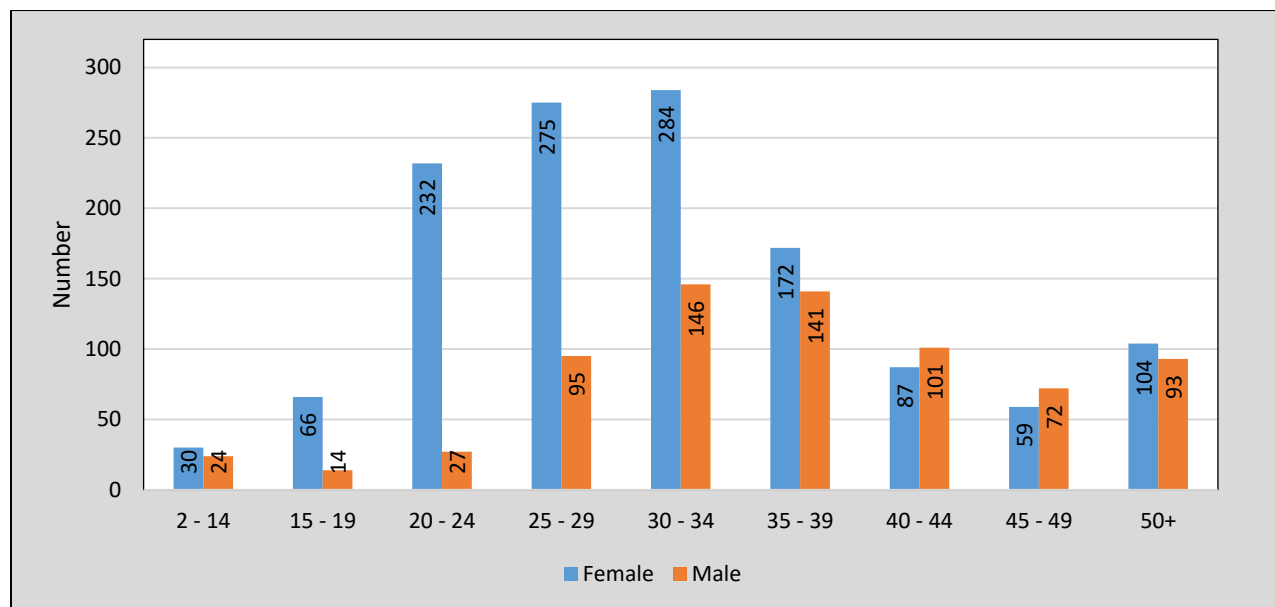


Figure 7: Total Number of Clients Tested Positive for HIV by Age Group and Sex in MHSS Health Facilities in Namibia, January to March 2022

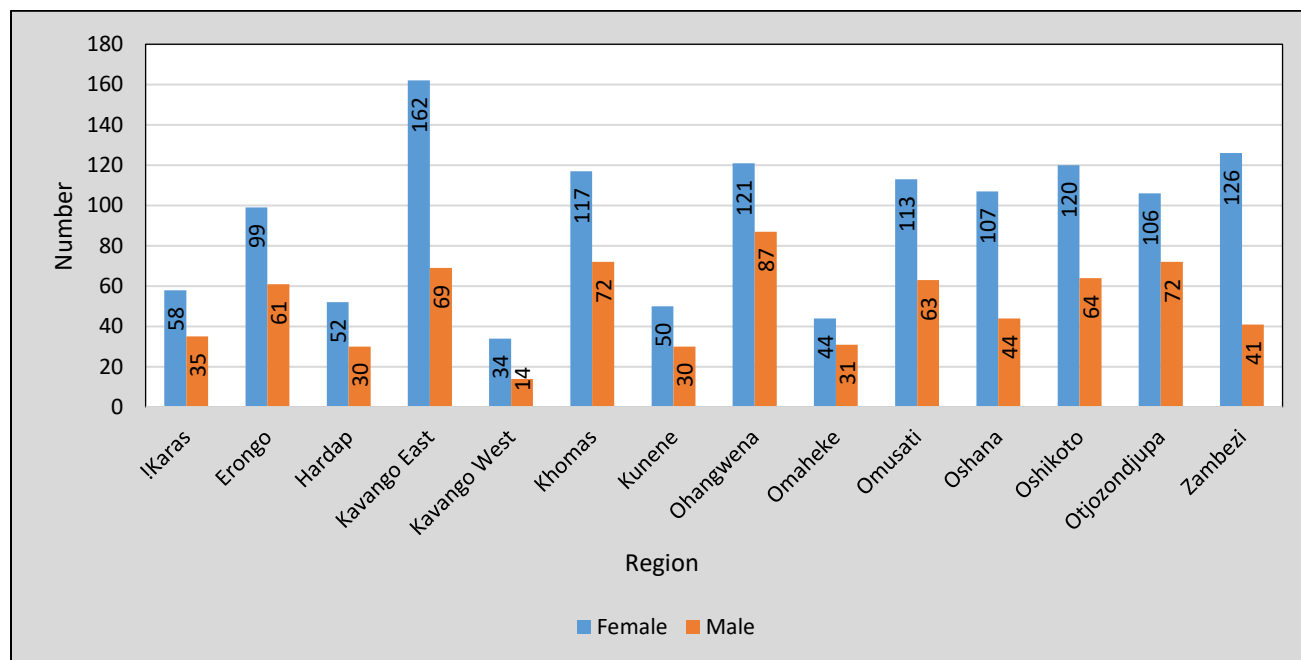


Figure 8: Total Number of Clients Tested Positive for HIV by Region and Sex in MHSS Health Facilities in Namibia, January to March 2022

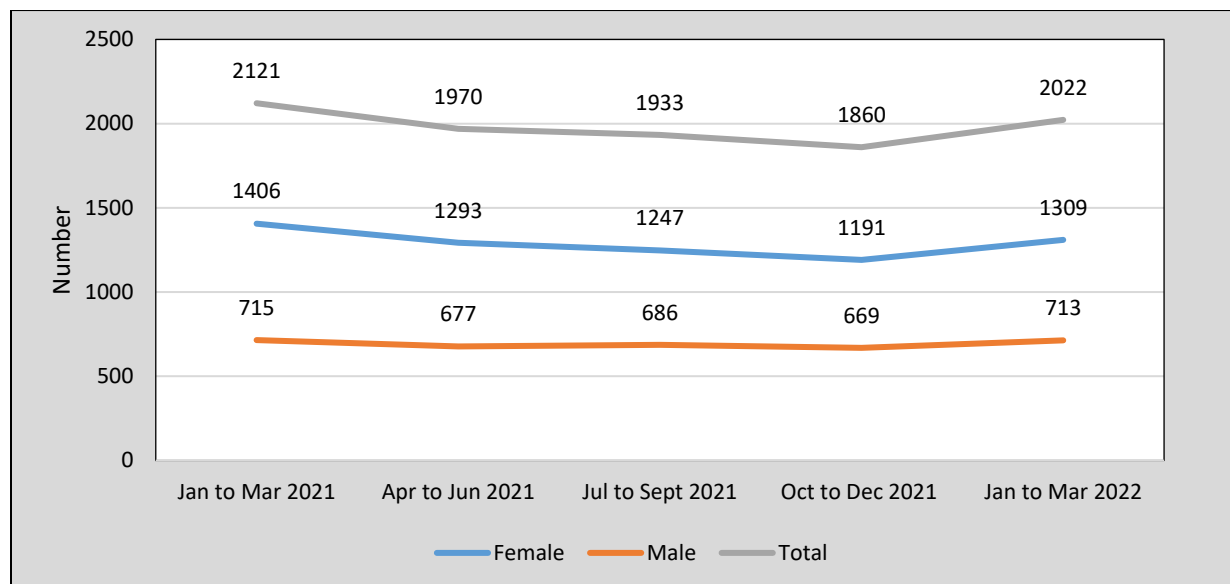


Figure 9: Quarterly Trend of Clients Tested HIV Positive by Sex from January 2021 to March 2022

Positivity Yield

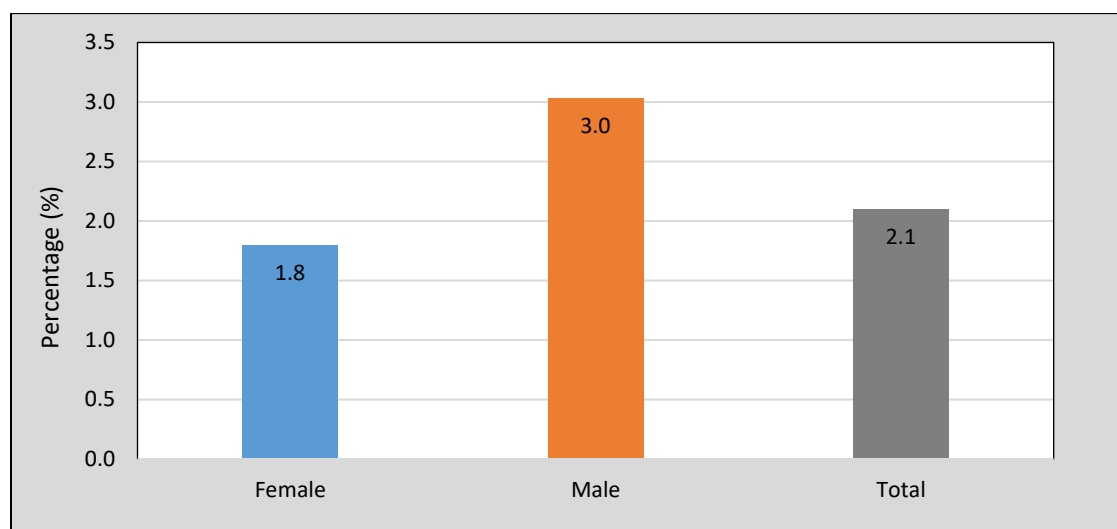


Figure 10: Positivity yield by Sex in MHSS Health Facilities in Namibia, January to March 2022

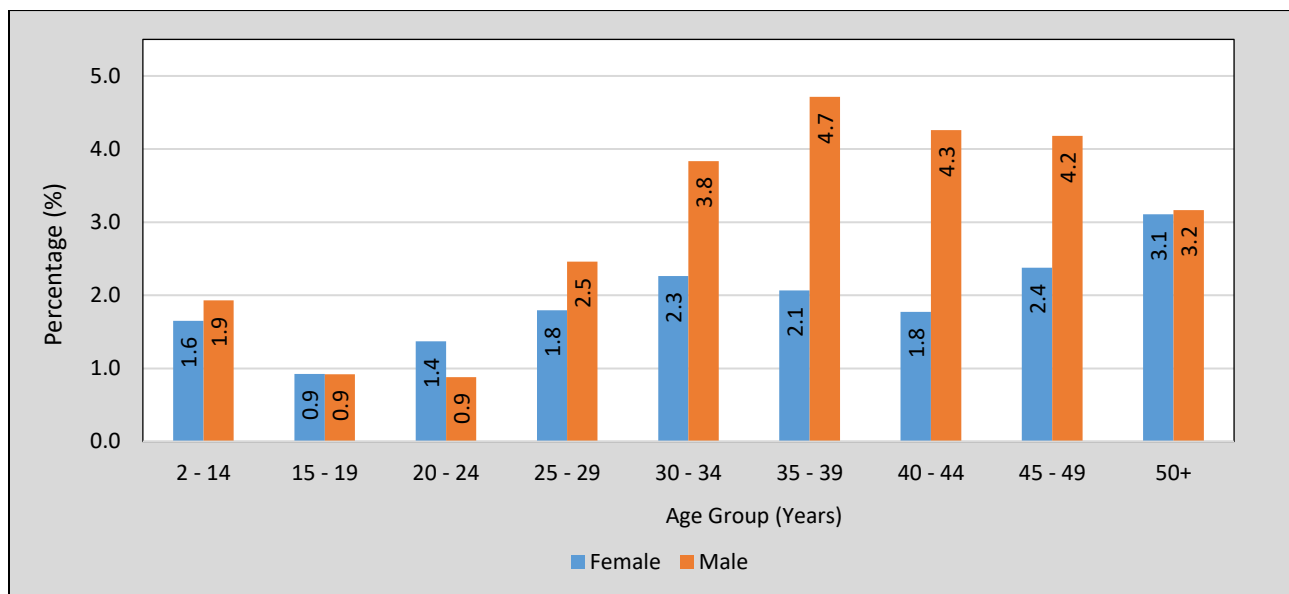


Figure 11: Positivity Yield by Age and Sex in MHSS Health Facilities in Namibia, January to March 2022

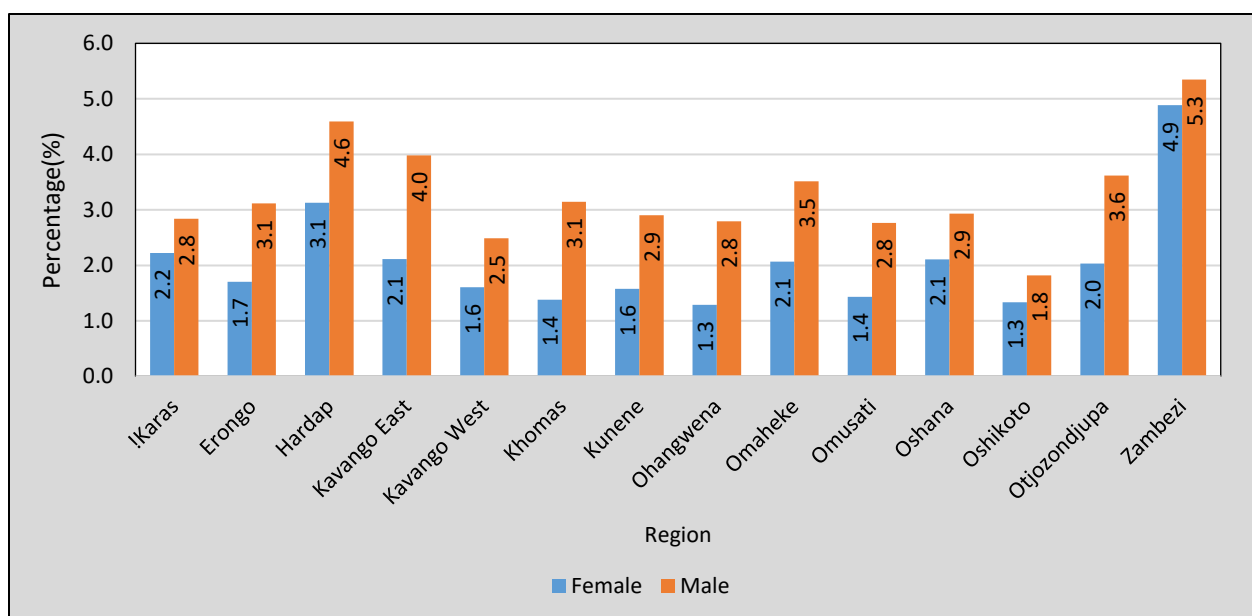


Figure 12: Positivity Yield by Region and Sex in MHSS Health Facilities in Namibia, January to March 2022

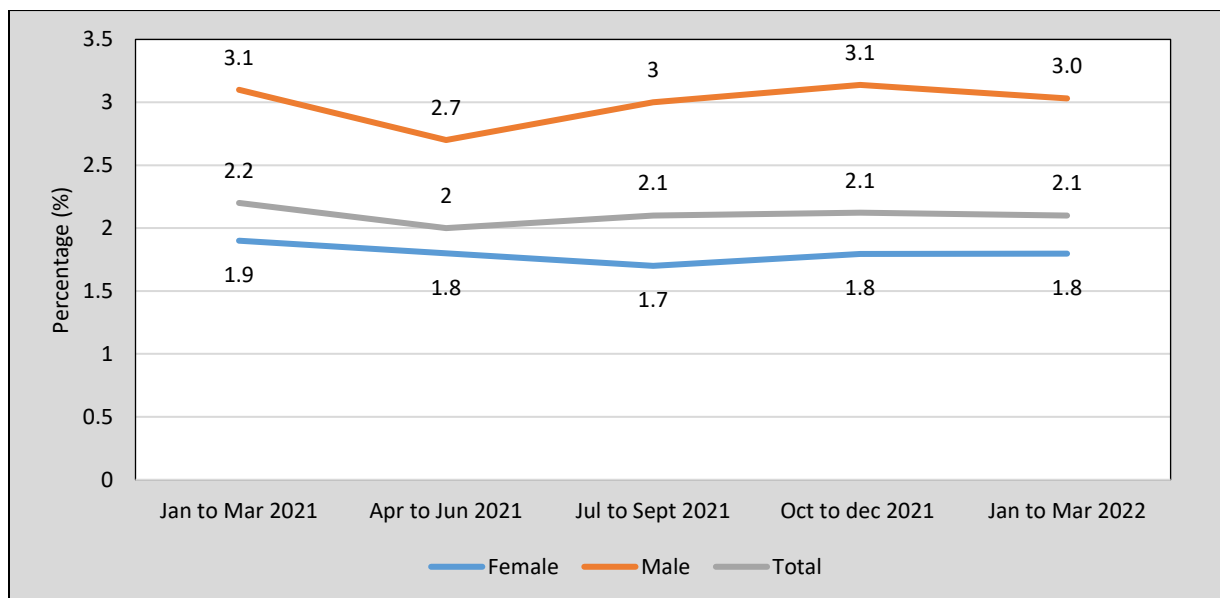


Figure 13: Quarterly Trend for Positivity Yield in MHSS Health Facilities, January 2021 to March 2022

Linkage to ART Care

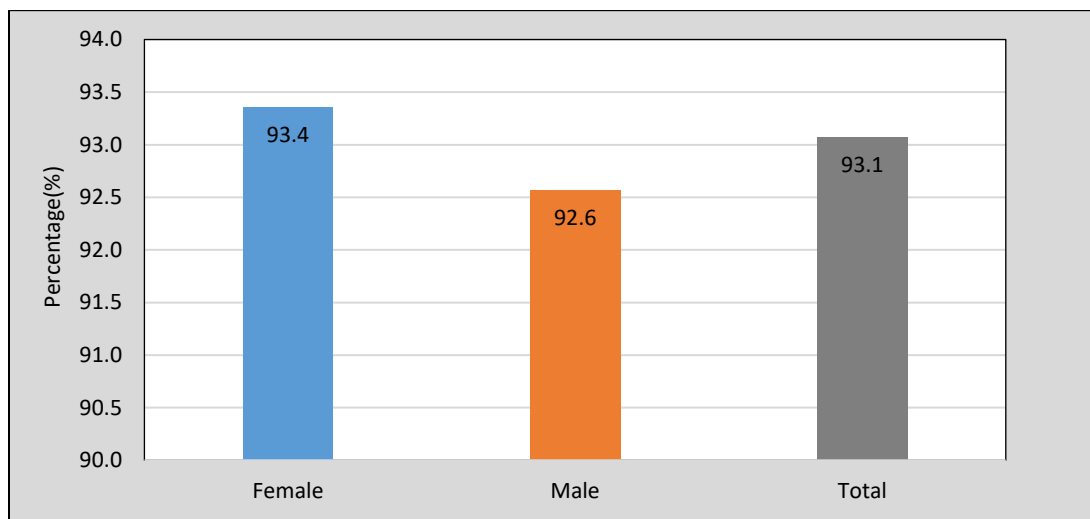
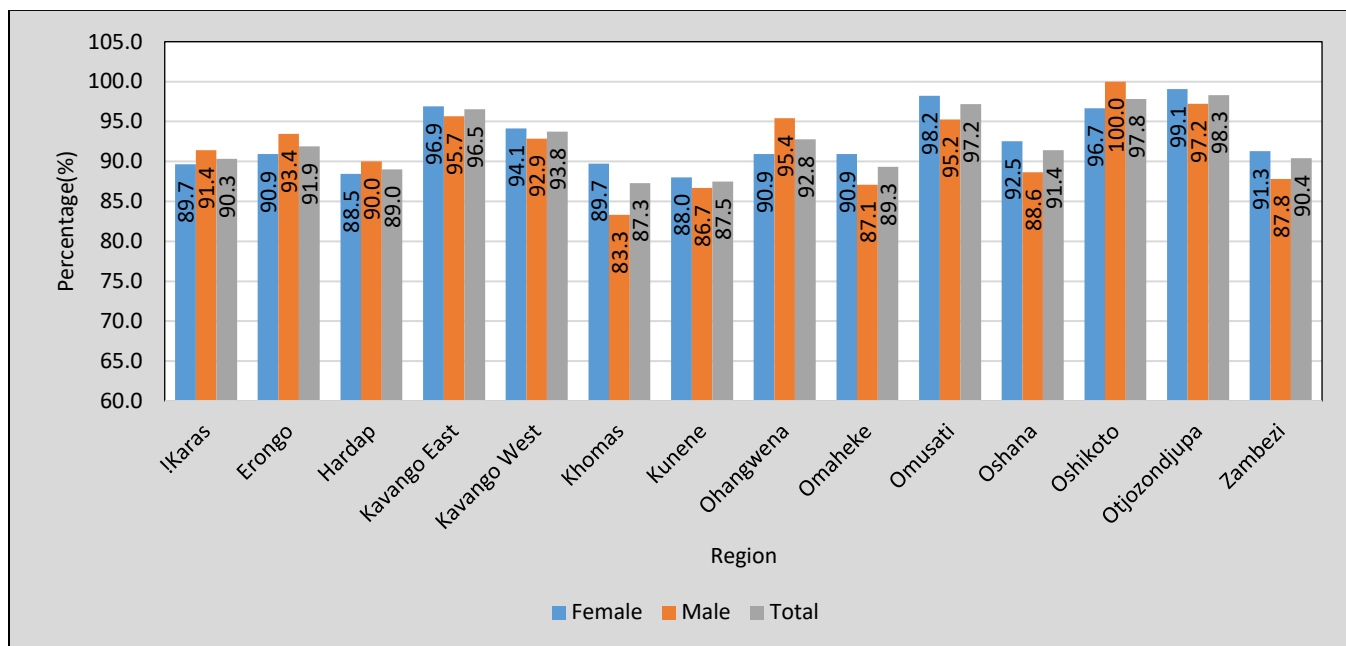
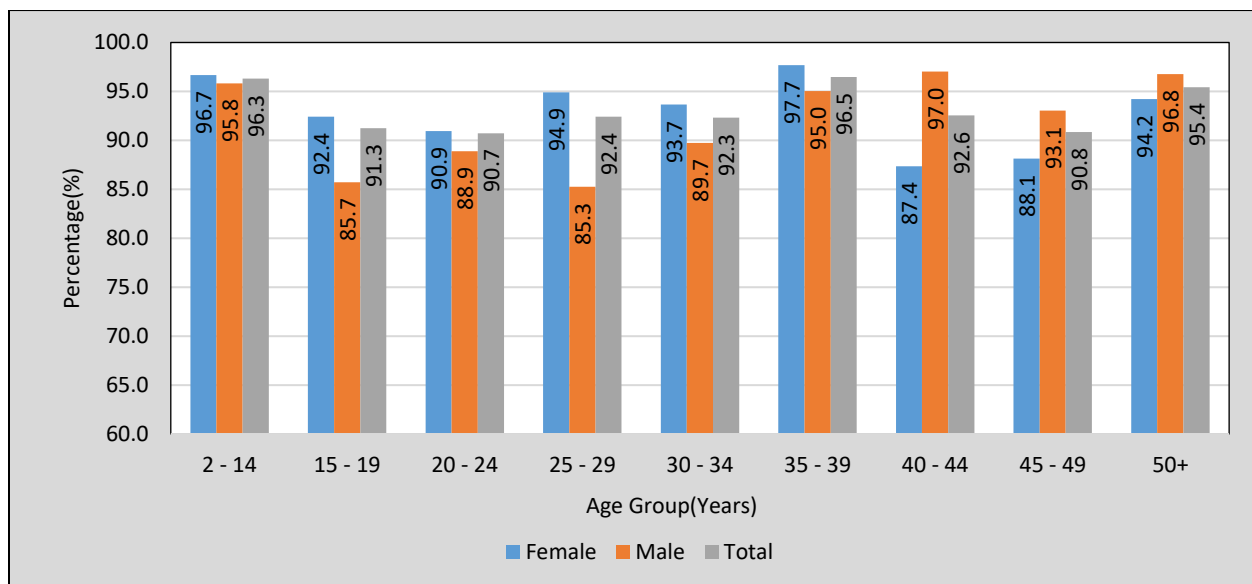


Figure 14: Percentage of Clients Tested HIV Positive and Linked to Care by Sex in MHSS Health Facilities in Namibia, January to March 2022



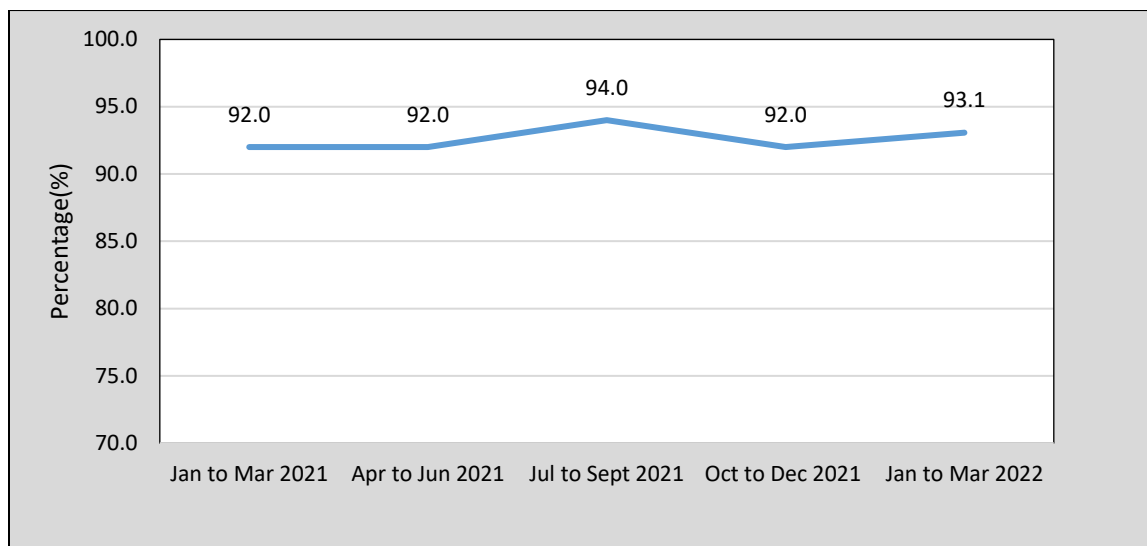


Figure 17: Quarterly Trend of clients tested HIV Positive and linked to care in MHSS Health Facilities in Namibia, January 2021 to March 2022

Reporting Rate in HTS Program

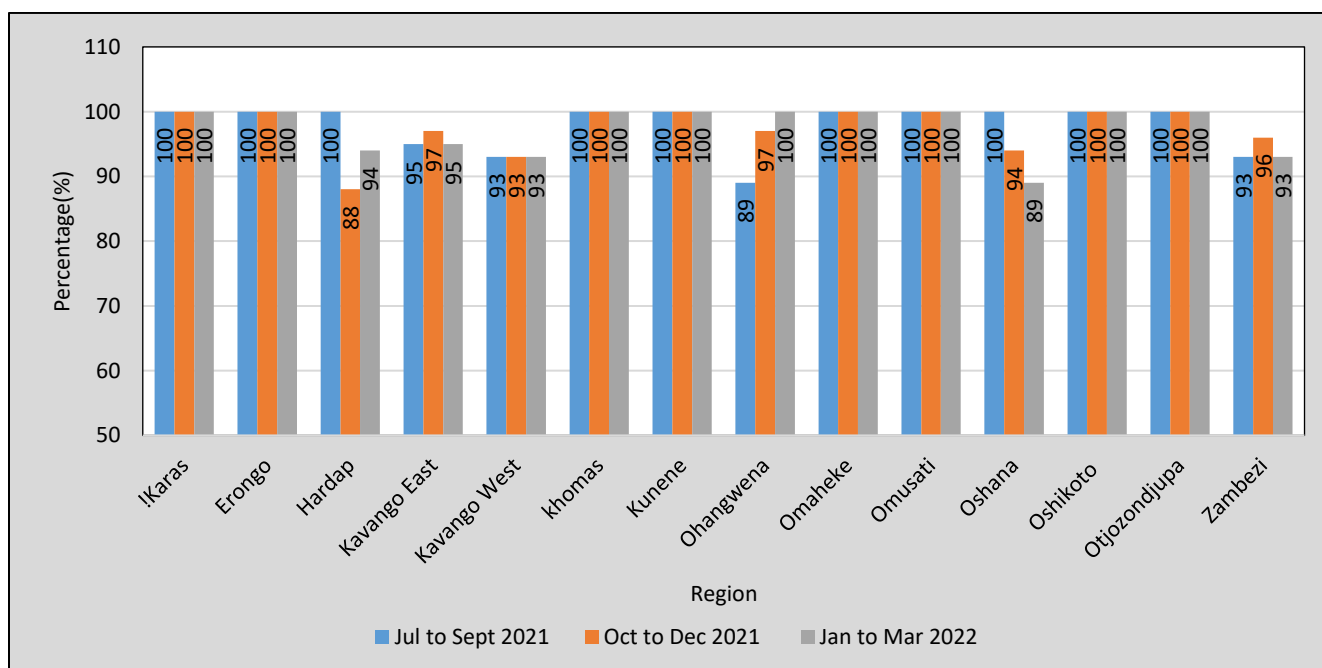


Figure 18: Quarterly Trends for Reporting Rate by Region in MHSS Health Facilities in Namibia, July 2021 to March 2022

ART Services

Patients Newly Started on ART

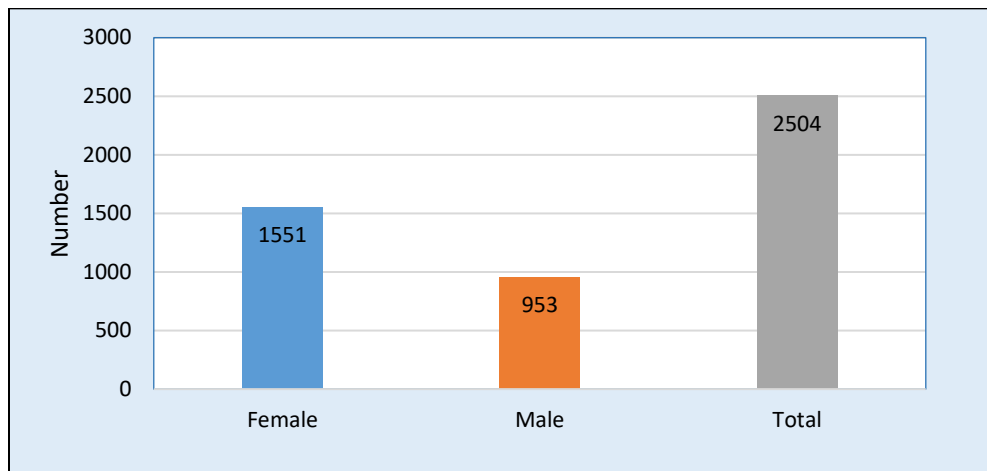


Figure 19: Total Number of Patients Newly Started on ART in MHSS Health Facilities in Namibia, January to March 2022

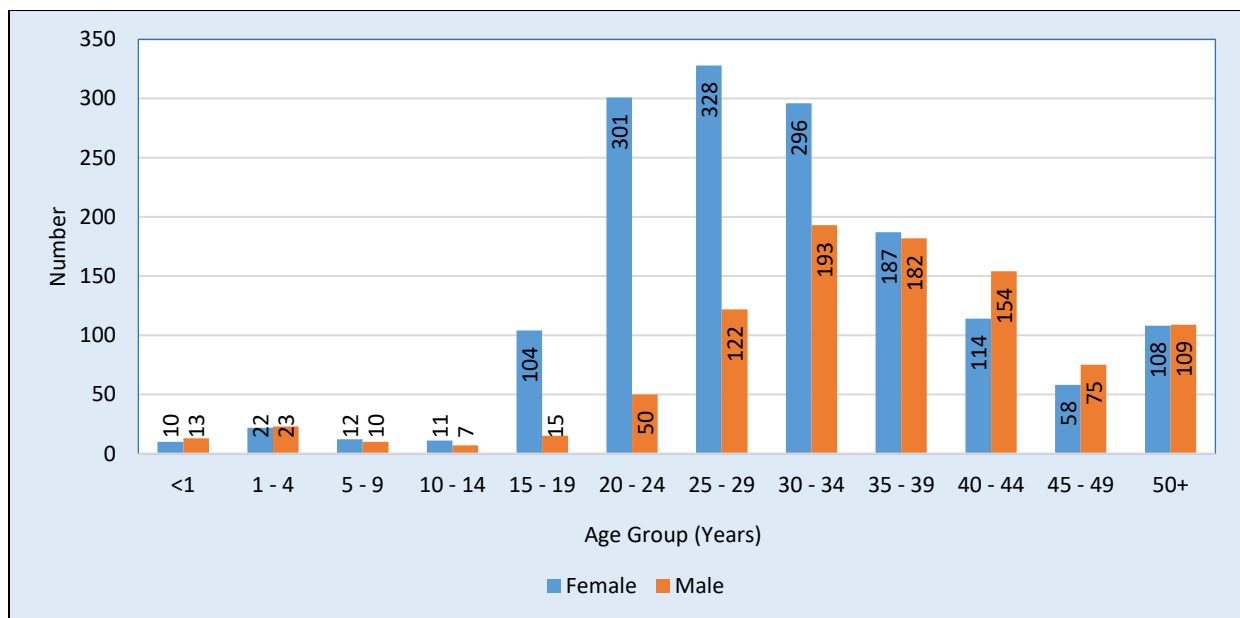


Figure 20: Number of Patients Newly Started on ART by Age Group and Sex in MHSS Health Facilities in Namibia, January to March 2022

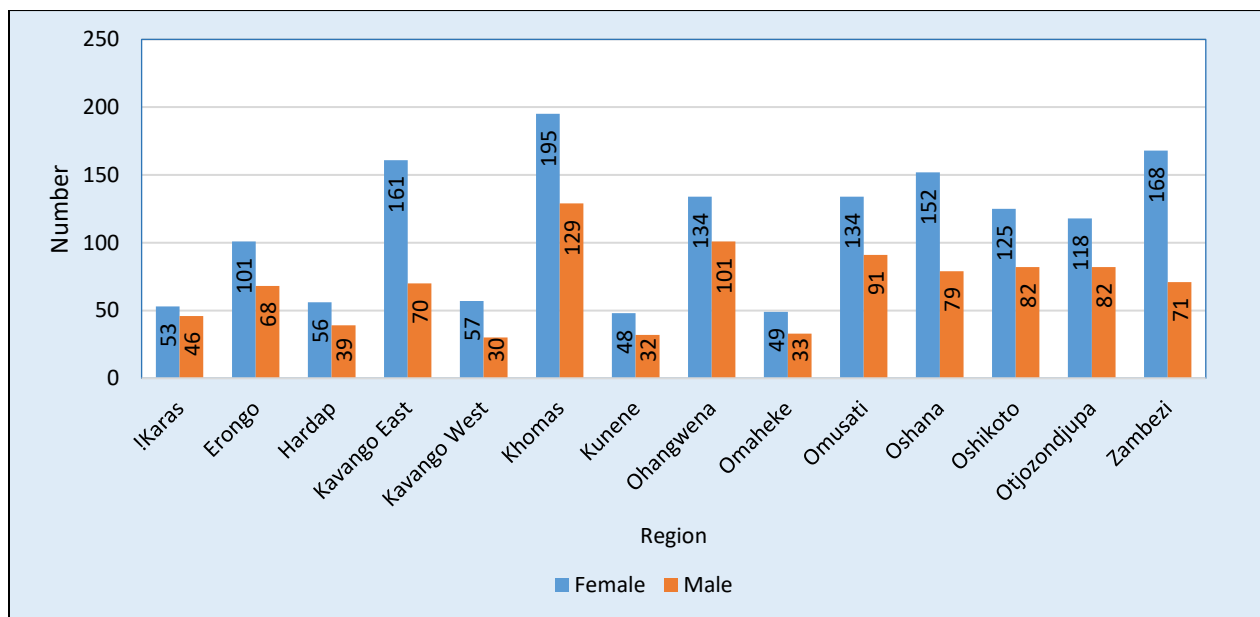


Figure 21: Number of Patients Newly Started on ART by Region and Sex in MHSS Health Facilities in Namibia, January to March 2022

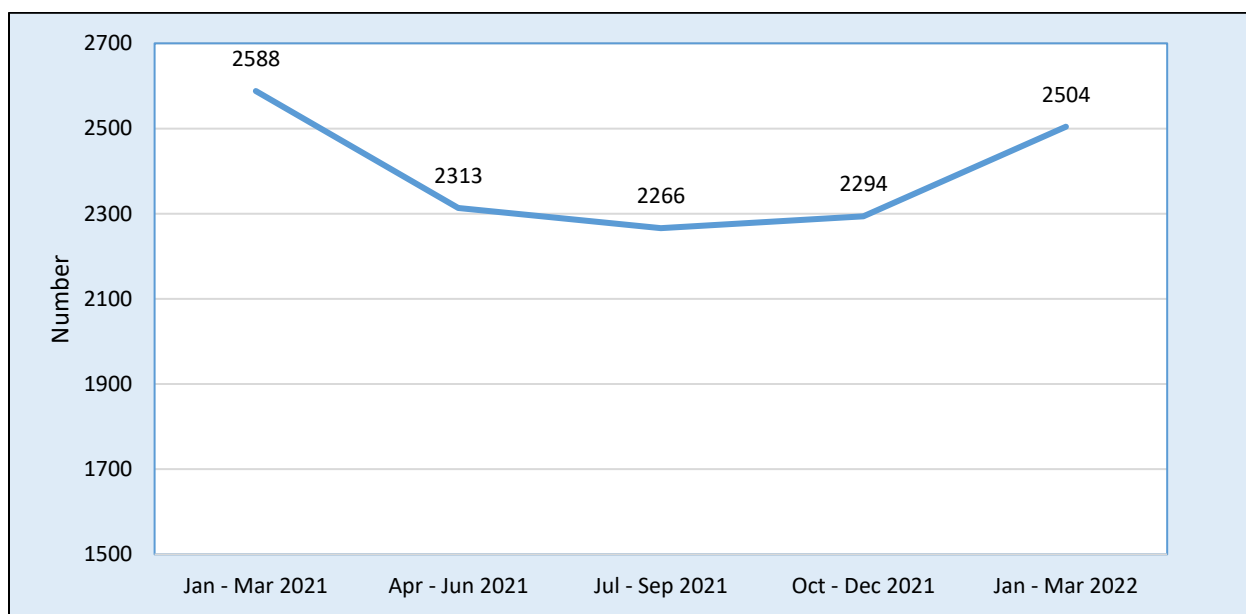


Figure 22: Quarterly Trend of Patients Newly Started on ART in MHSS Health Facilities in Namibia, January 2021 to March 2022

Patients Currently Active on ART

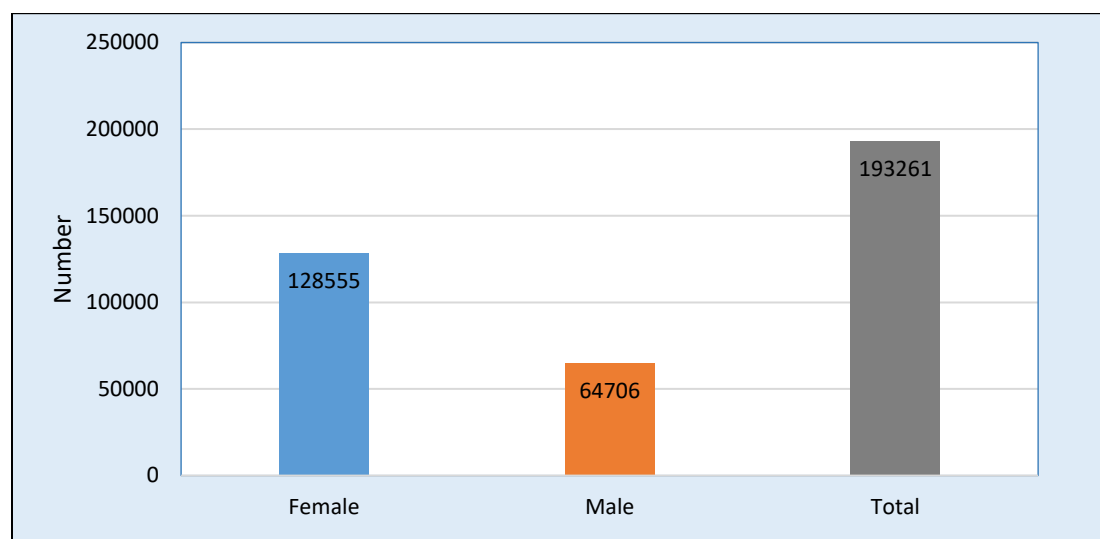


Figure 23: Total Number of Patients Currently on ART by Sex in MHSS Facilities Namibia, January to March 2022

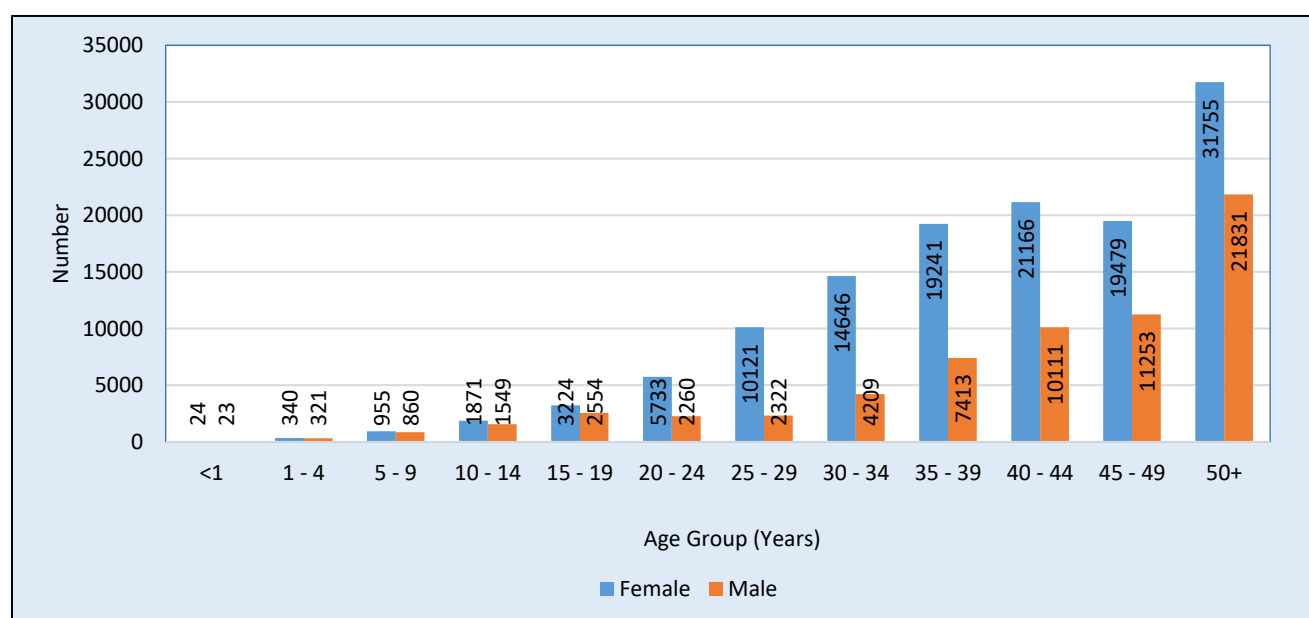


Figure 24: Number of Patients Currently on ART by Age Group and Sex in MHSS Health Facilities in Namibia, January to March 2022

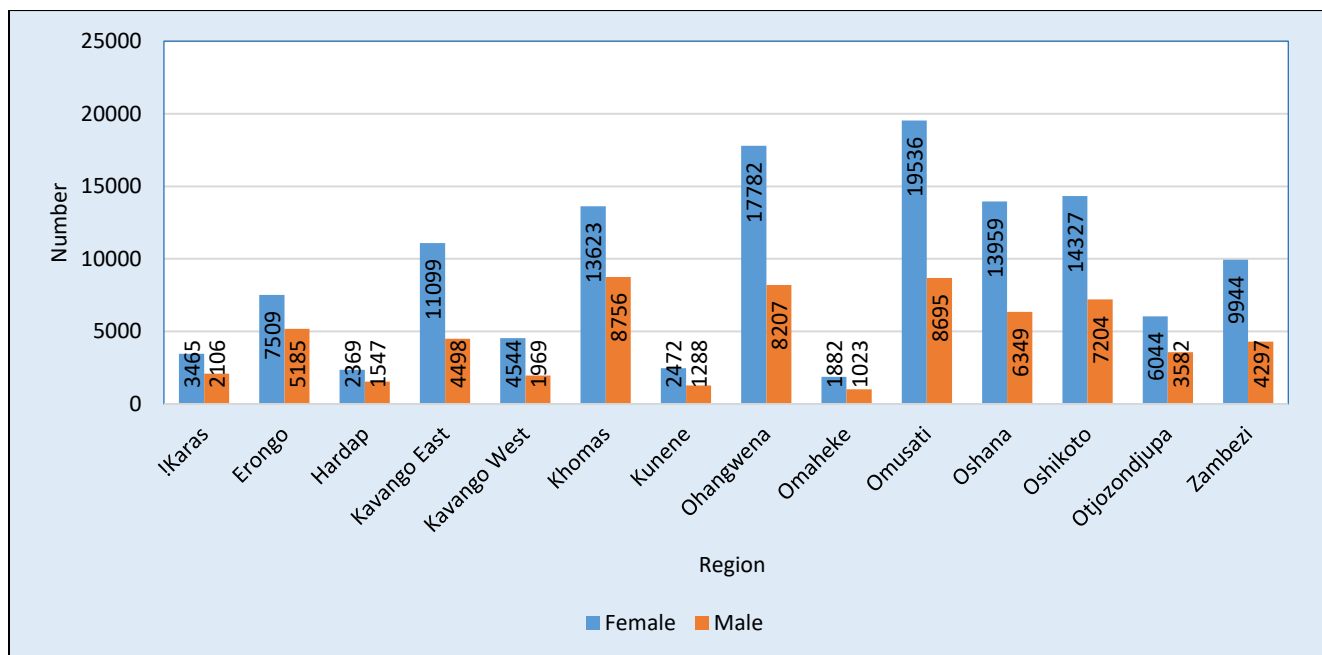


Figure 25: Number of Patients Currently on ART by Region and Sex in MHSS Health Facilities in Namibia, January to March 2022

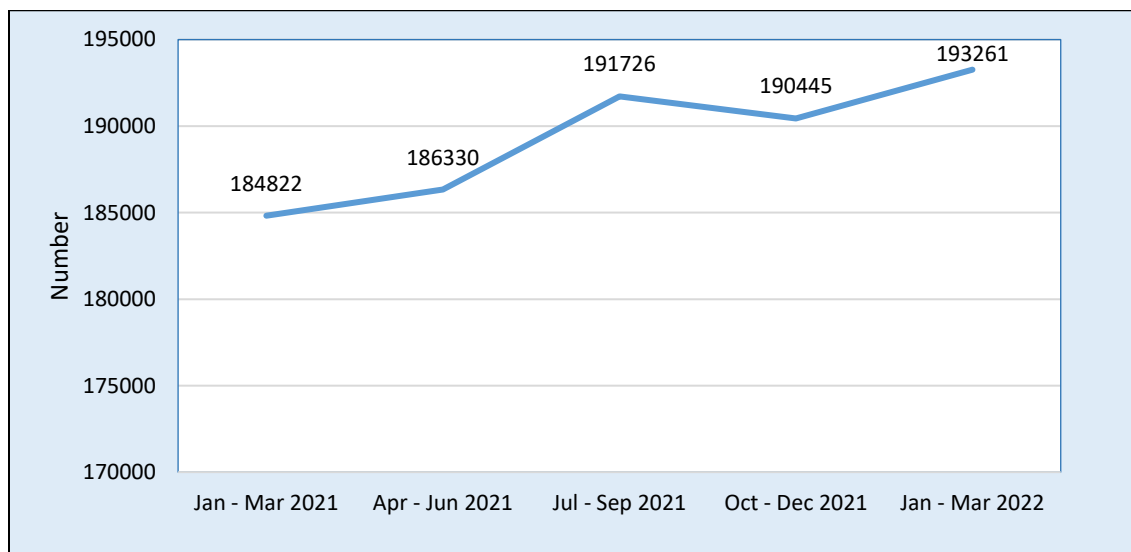


Figure 26: Quarterly Trend of Patients Currently on ART in MHSS Health Facilities in Namibia, January 2021 to March 2022

TB Preventative Therapy (TPT)

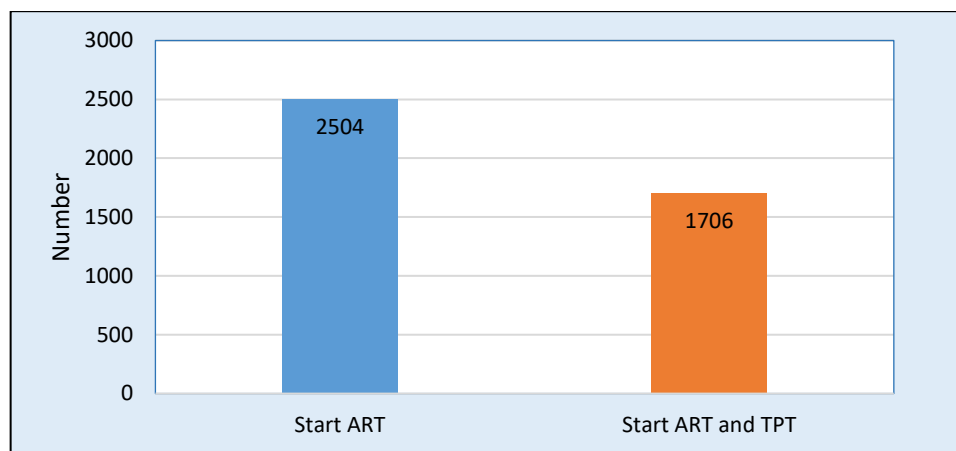


Figure 27: Number of Patients Newly Started on ART and Among Those Started ART, Number that Started TPT in MHSS Health Facilities in Namibia, January to March 2022

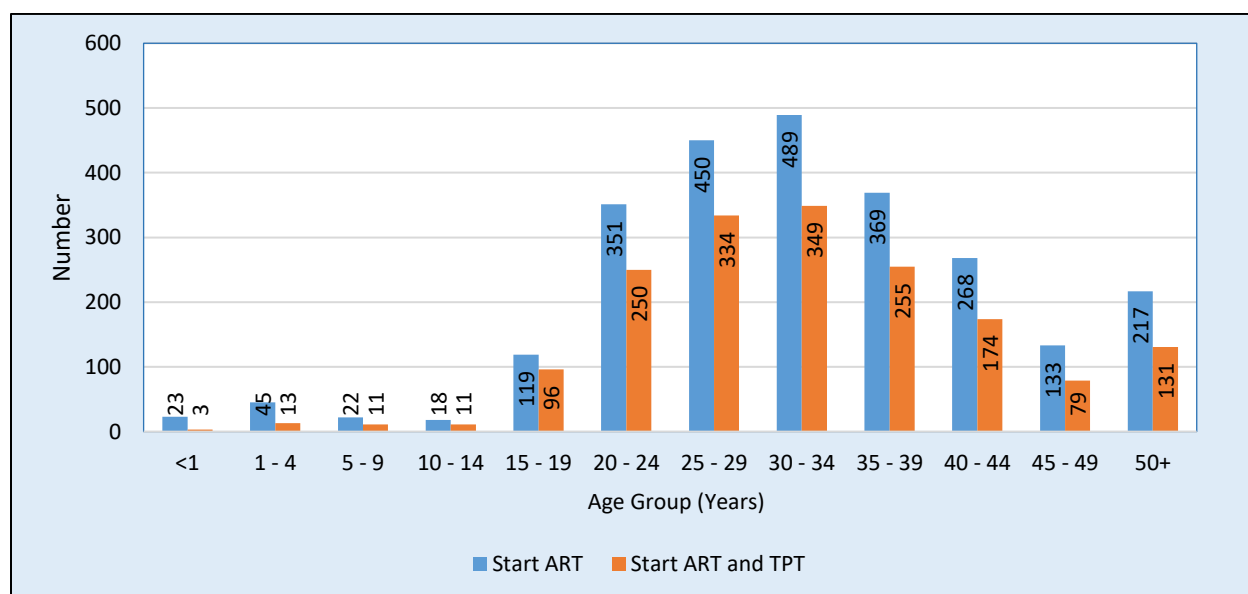


Figure 28: Number of Patients Newly Started on TPT among those started on ART by Age Group in MHSS Namibia, January to March 2022

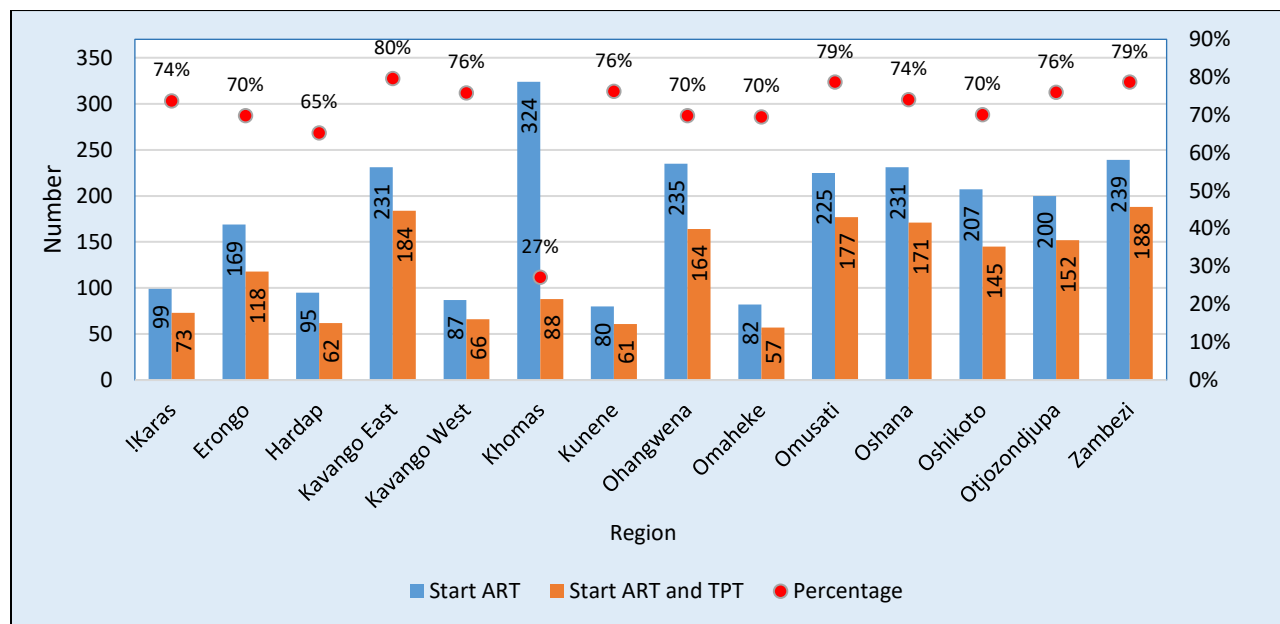


Figure 29: Number and Percentage of Patients Newly Started on TPT among those started on ART by Region in MHSS Namibia, January to March 2022

TB Screening

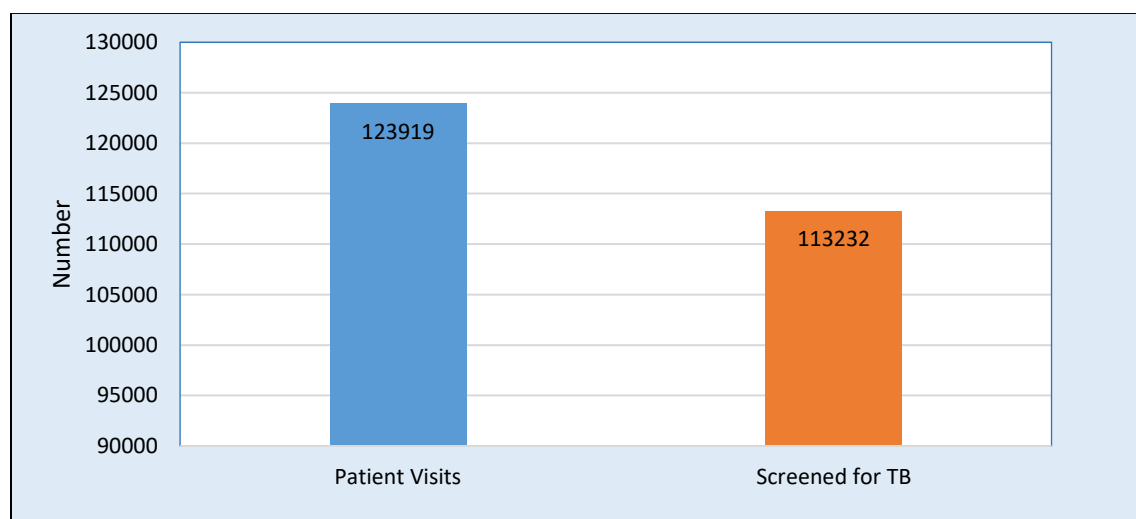


Figure 30: Number of Patient Visits and Screened for TB in the MHSS Health Facilities in Namibia, January to March 2022

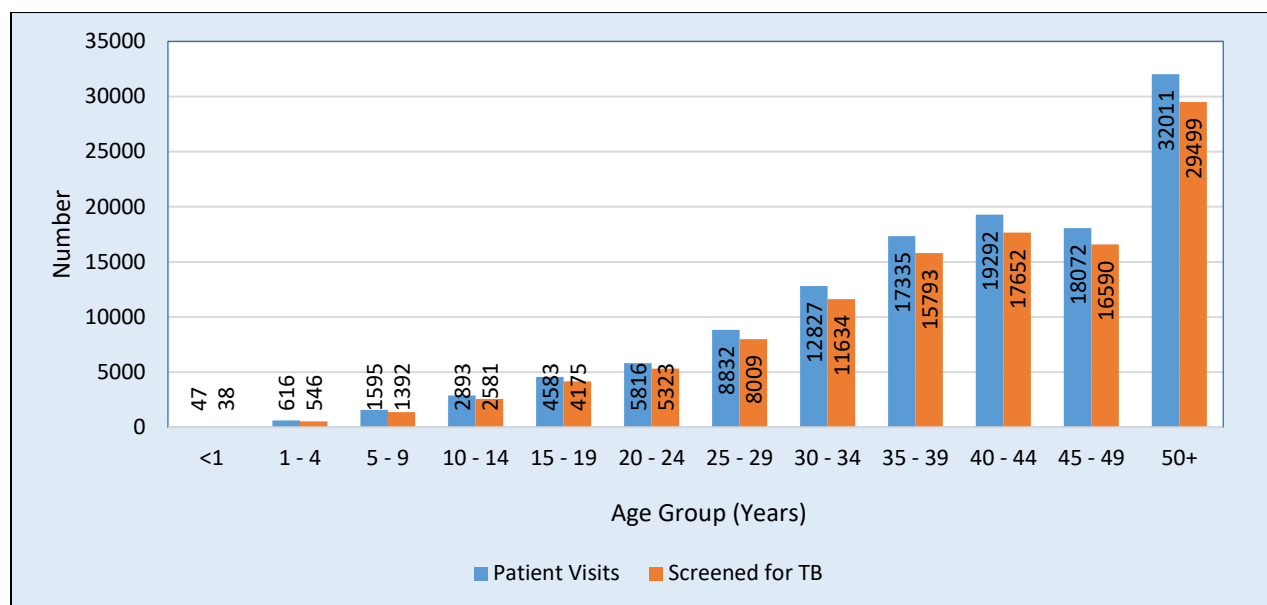


Figure 31: Number of patients Screened for TB at Follow-Up Visit by Age Group in MHSS Health Facilities in Namibia, January to March 2022

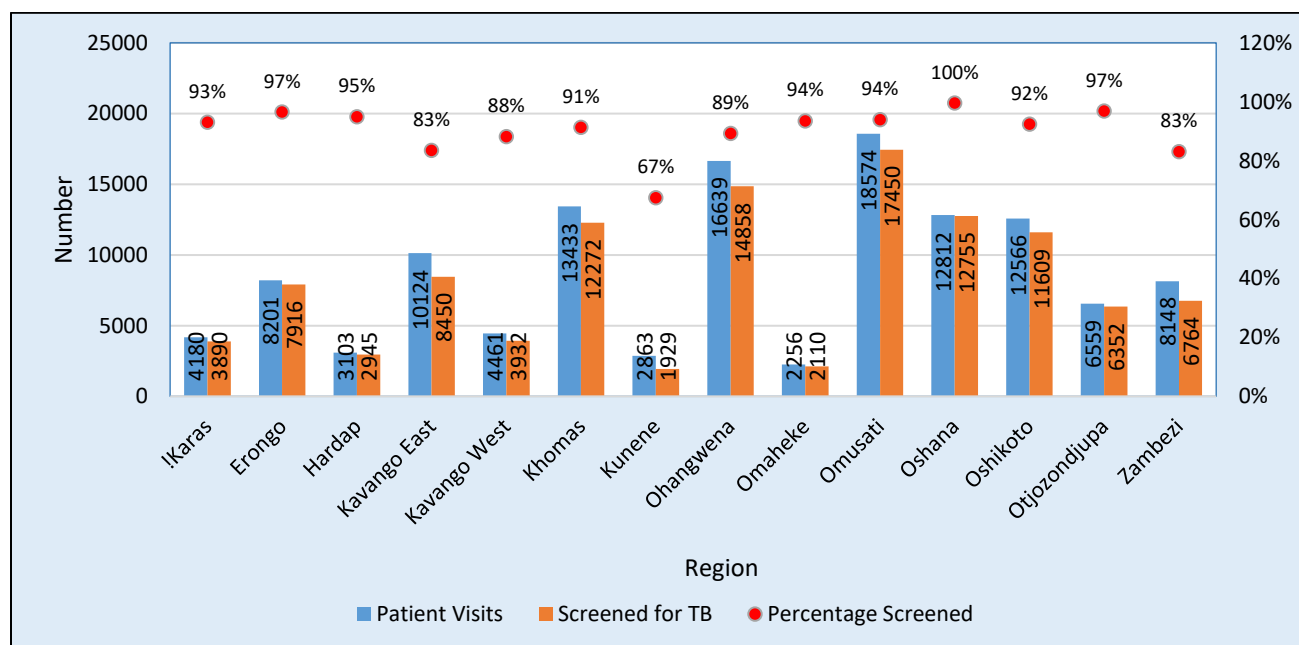


Figure 32: Number and Percentage of patients Screened for TB at Follow-Up Visit by Region in MHSS Health Facilities in Namibia, January to March 2022

Patients Reported to have Died While on ART

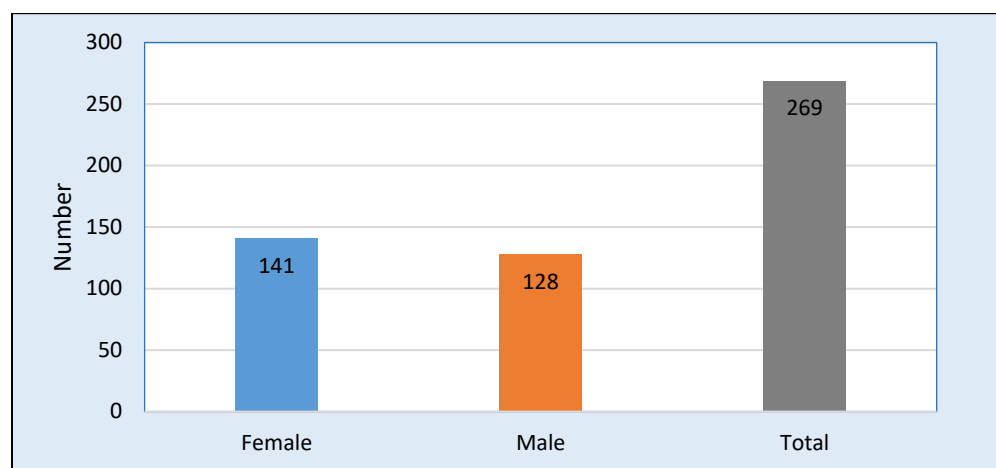


Figure 33: Number of patients Reported to Have Died While on ART by Sex in MHSS Health Facilities in Namibia, January to March 2022

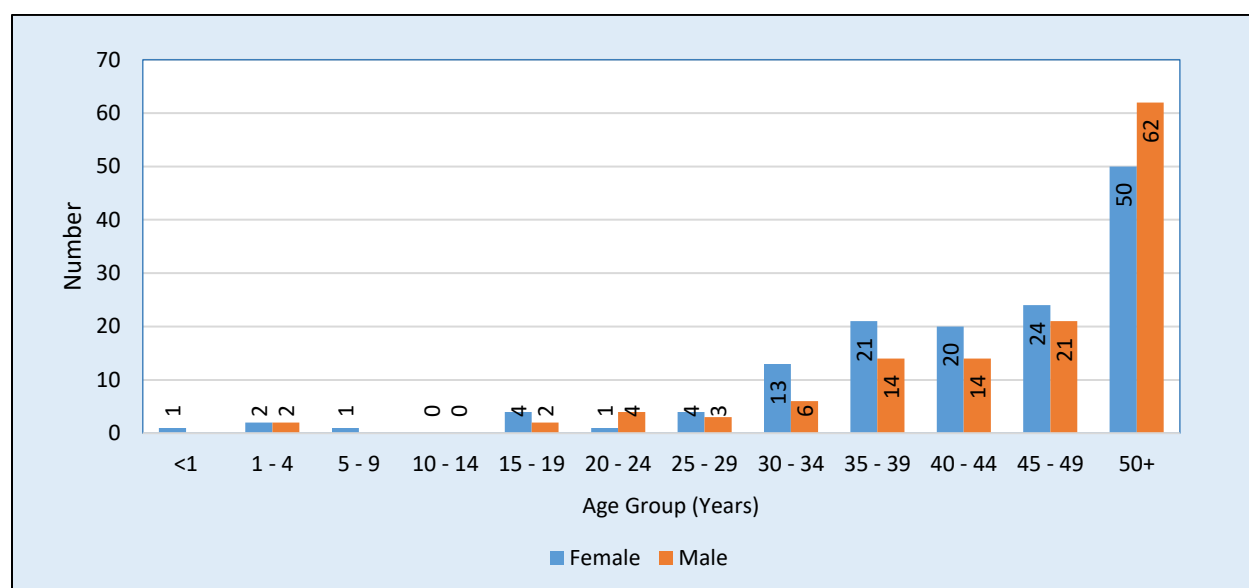


Figure 34: Number of Patients Reported to Have Died While on ART by Age Group and Sex in MHSS Health Facilities in Namibia, January to March 2022

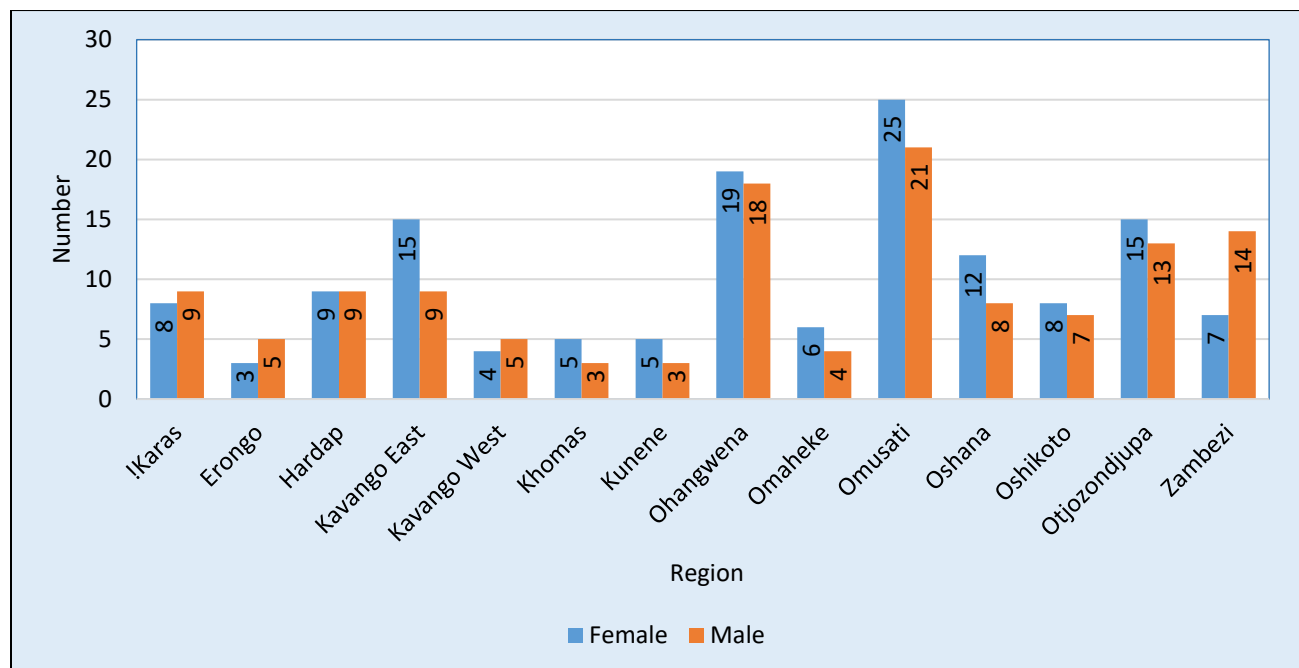


Figure 35: Number of Patients Reported to Have Died While on ART by Region and Sex in MHSS Health Facilities in Namibia, January to March 2022

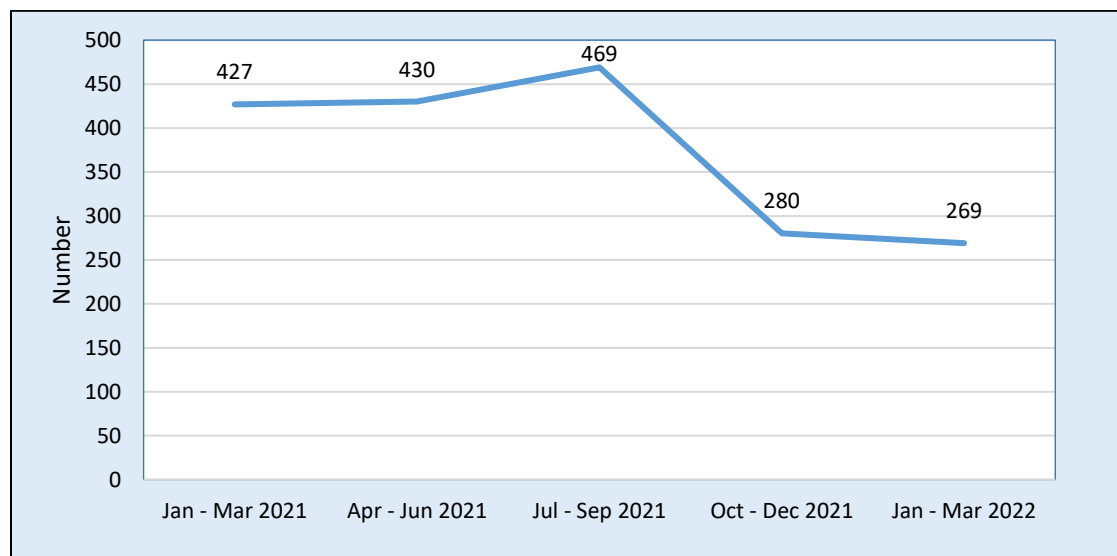


Figure 36: Quarterly Trend of Patients who were Reported to have Died While on ART in MHSS Health Facilities in Namibia, January 2021 to March 2022

Viral Load Testing and Suppression

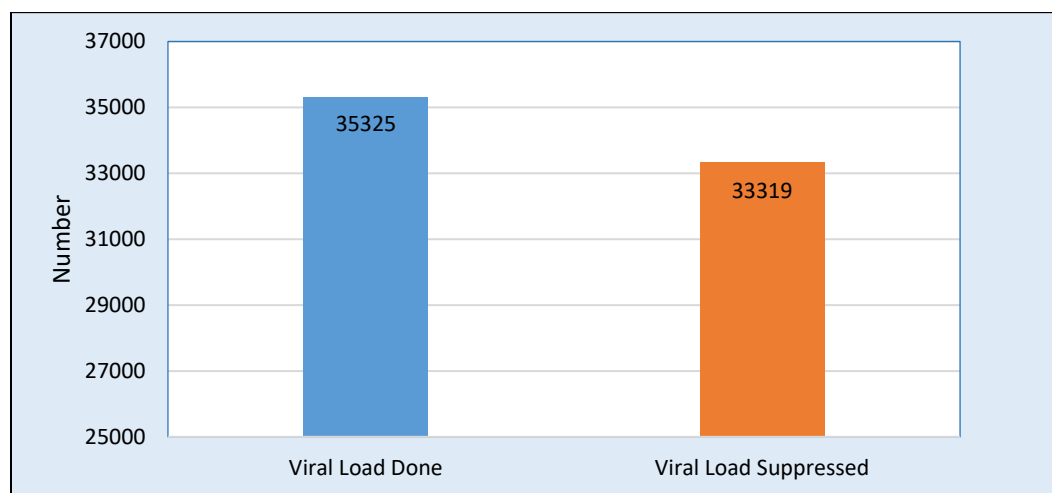


Figure 37: Number of patients with Viral Load Done and Viral load Suppressed in MHSS Health Facilities in Namibia, January to March 2022

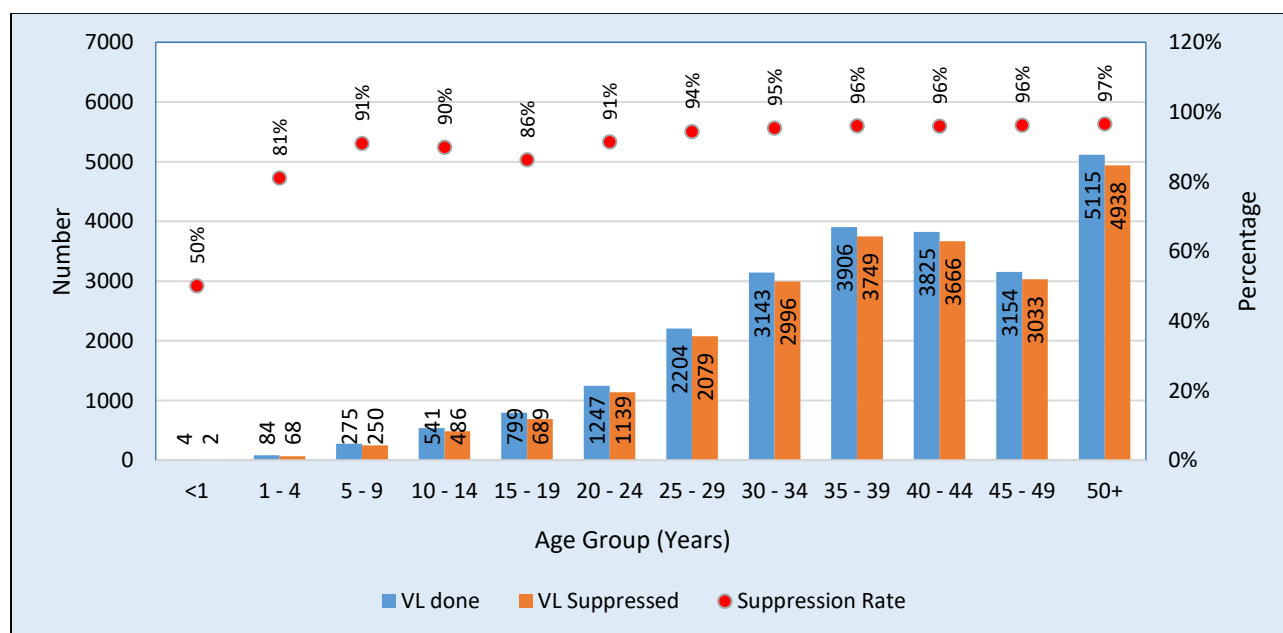


Figure 38: Number of Female Patients with Viral Load Done, Viral Load Suppressed and Suppression Rate by Age Group in MHSS Health Facilities in Namibia, January to March 2022

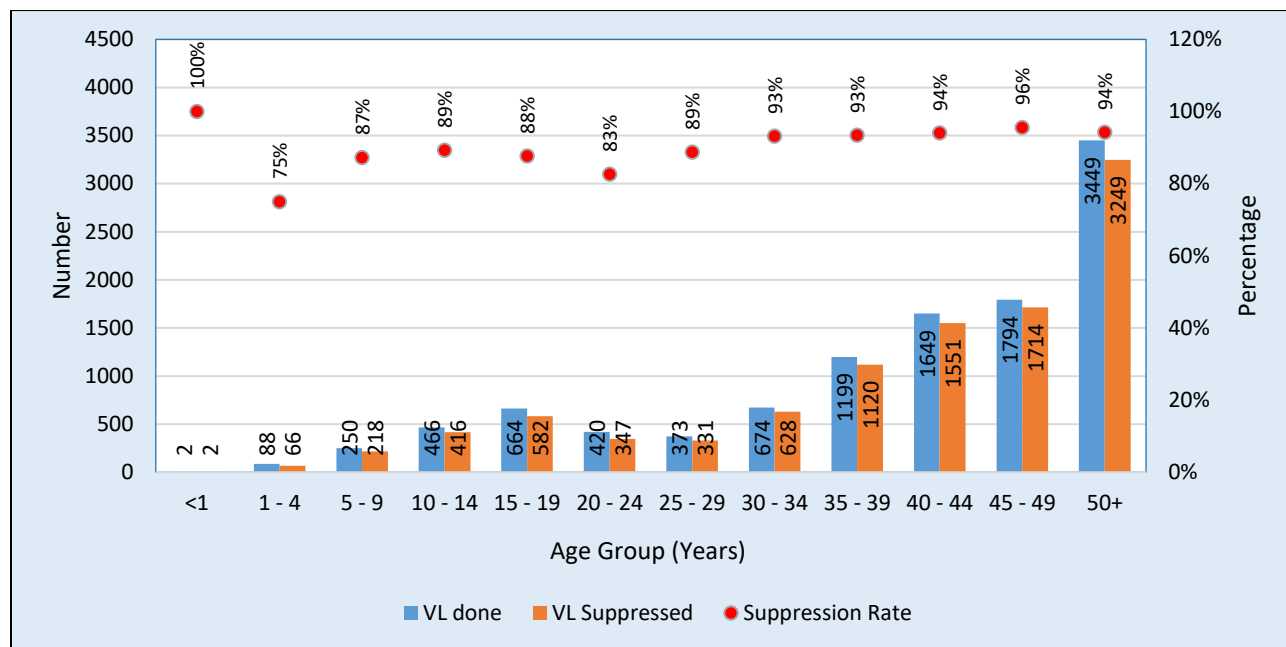


Figure 39: Number of Male Patients with Viral Load Done, Viral Load Suppressed and Suppression Rate by Age Group in MHSS Health Facilities in Namibia, January to March 2022

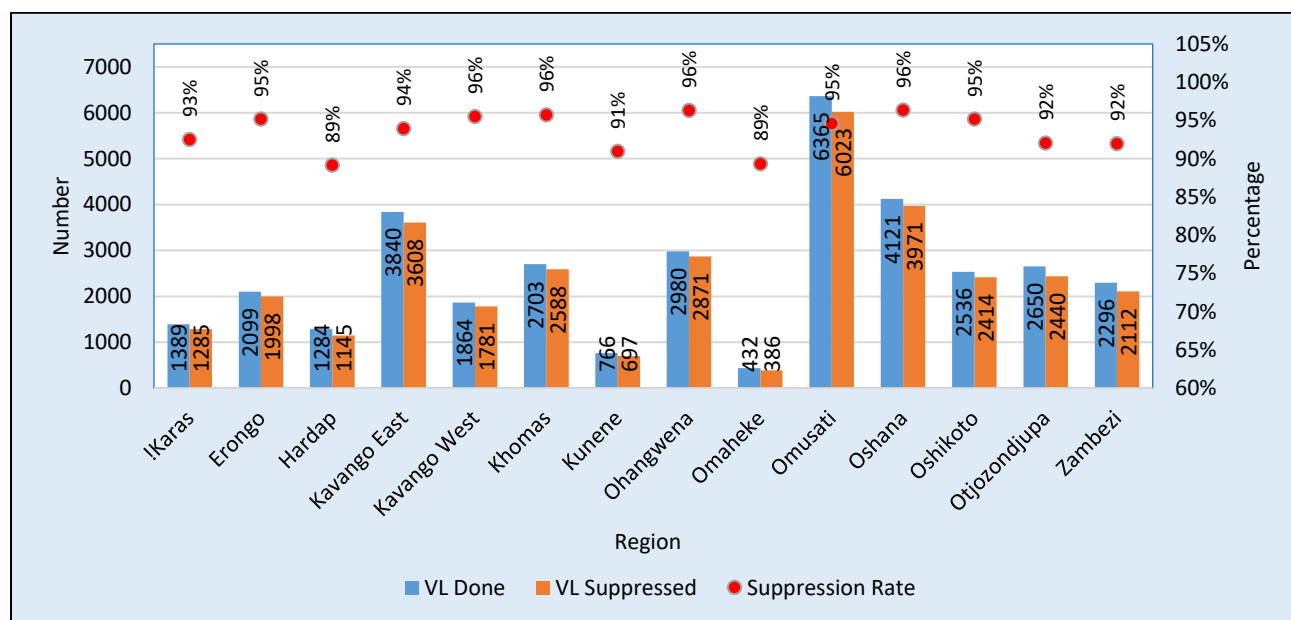


Figure 40: Number of Patients with Viral Load Done, Viral Load Suppressed and Suppression Rate by Region in MHSS Health Facilities in Namibia, January to March 2022

Reporting Rate in ART Program

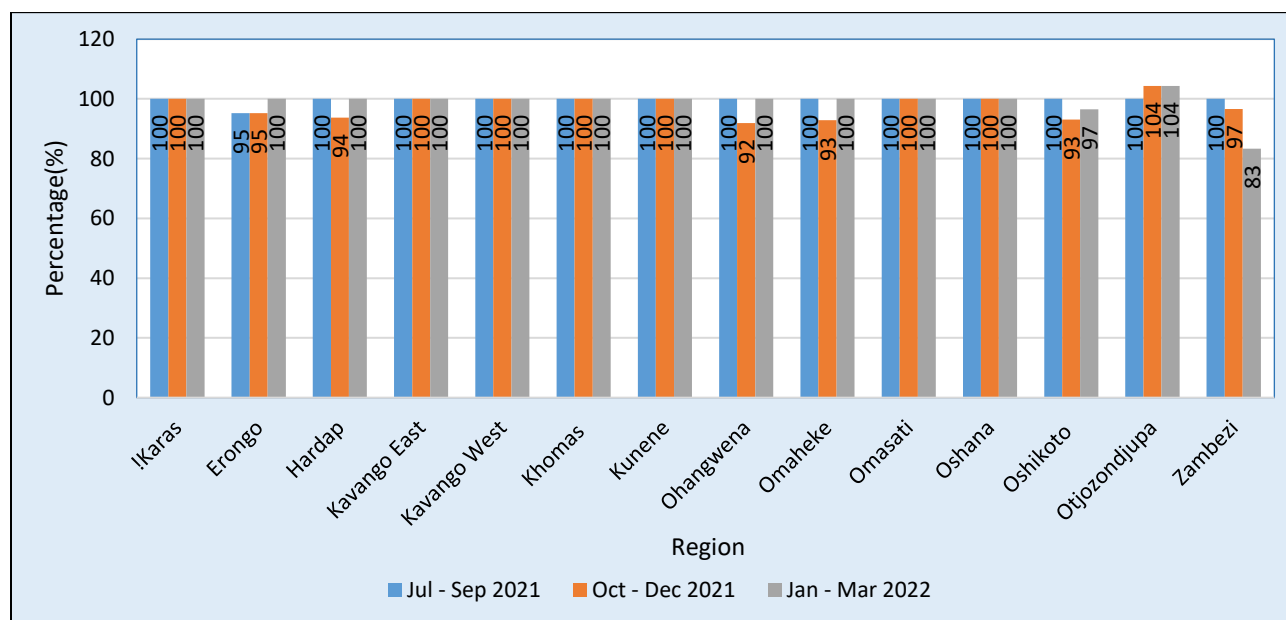


Figure 41: Reporting Rate Trend by Region and Quarter for July 2021 to March 2022 in MHSS Health Facilities in Namibia

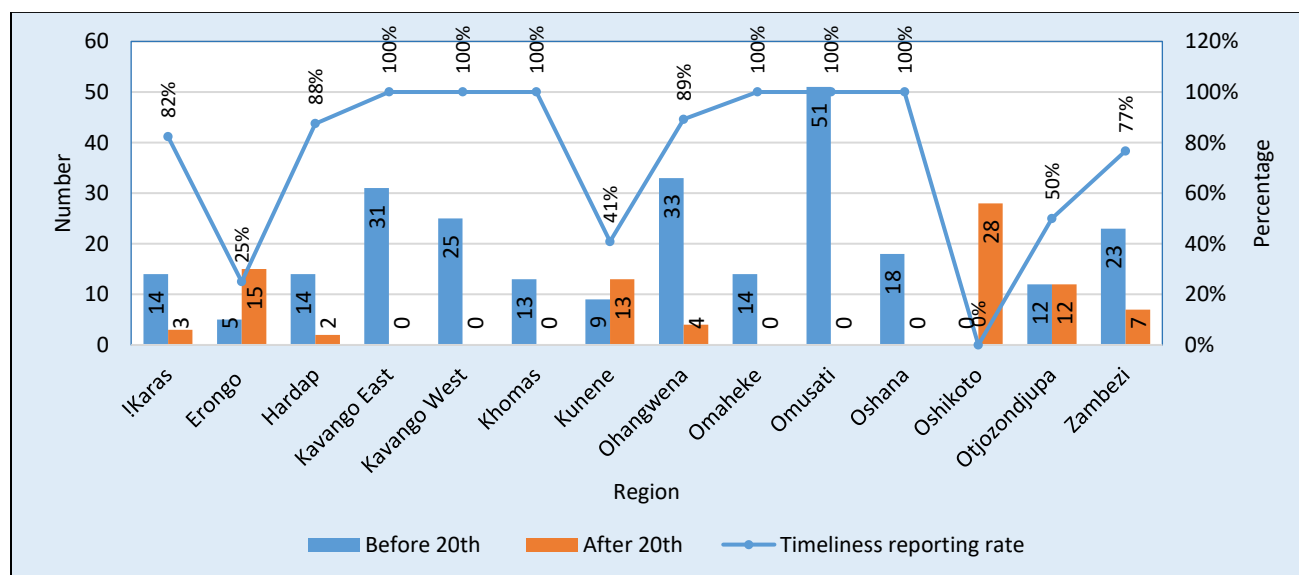


Figure 42: Timeliness Reporting Rate by Region in MHSS Health Facilities, January to March 2022

Cervical Cancer Screening Program (CECAP)

Total Number Screened

Cervical Cancer screening data is collected from selected facilities within regions where the CECAP programme has been rolled out.

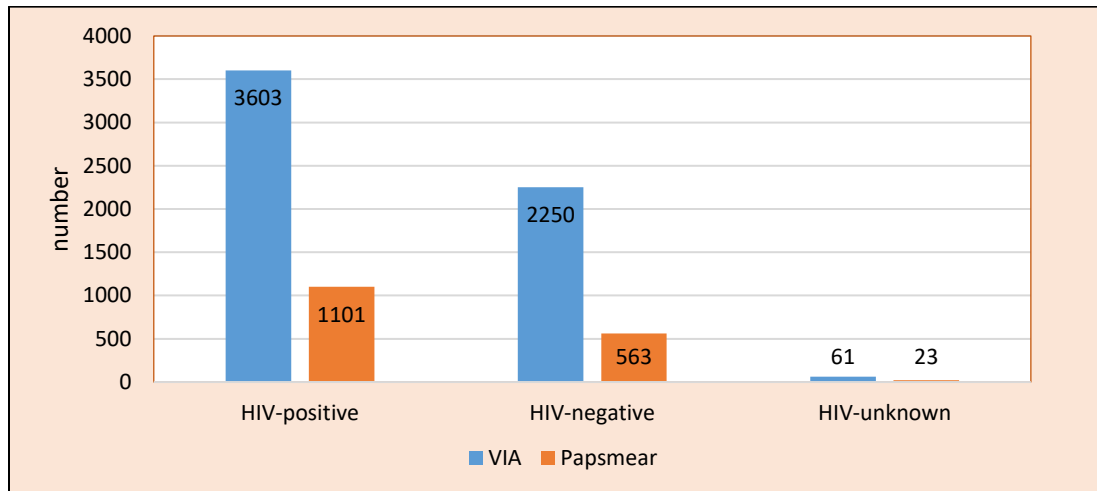


Figure 43: Number of Women Screened for Cervical Cancer by Screening Method and HIV Status in MHSS Health Facilities in Namibia, January to March 2022

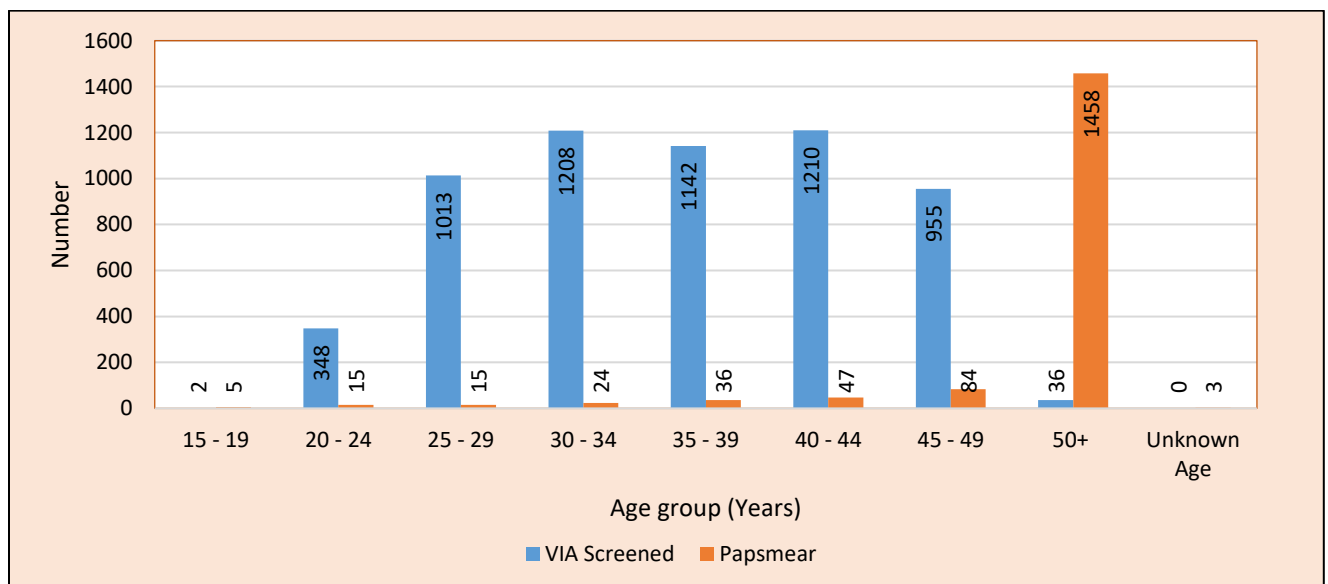


Figure 44: Number of Women Screened for Cervical Cancer by Screening Method and Age Group in MHSS Health Facilities in Namibia, January to March 2022

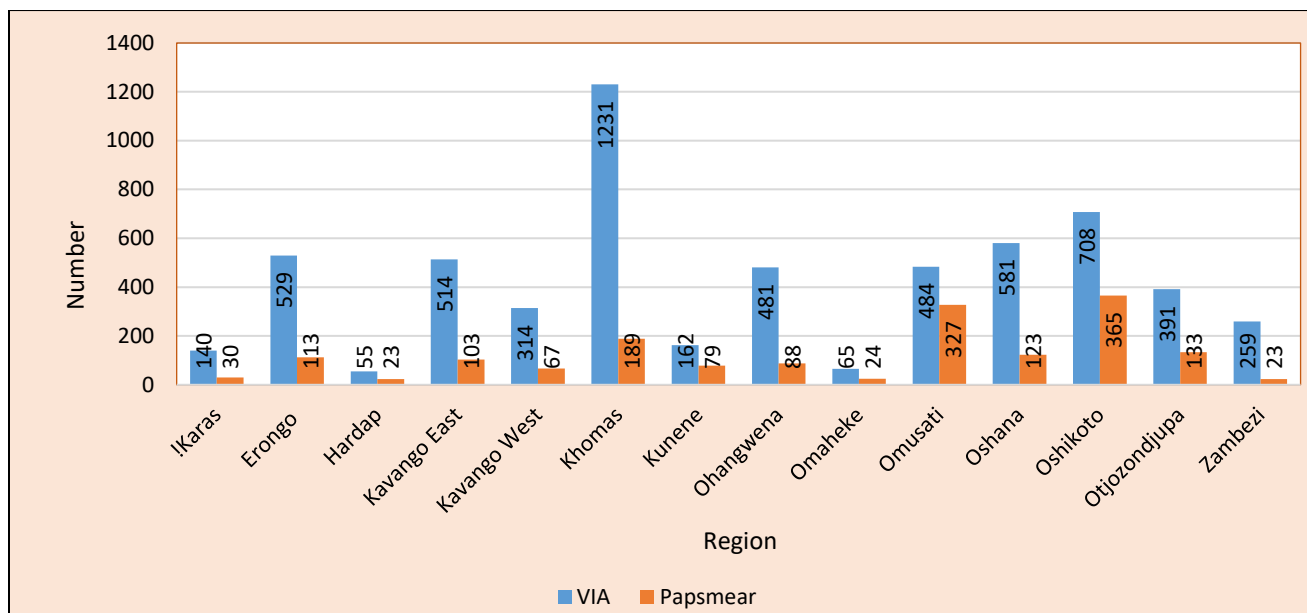


Figure 45: Number of Women Screened for Cervical Cancer by Screening Method and Region in MHSS Health Facilities in Namibia, January to March 2022

Cervical Cancer Screening Results

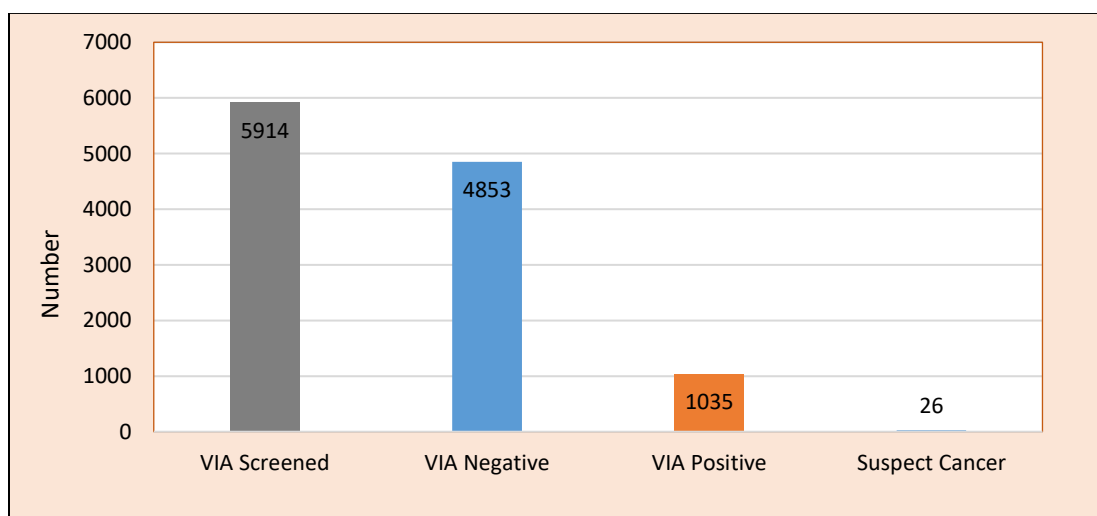


Figure 46: Number of Women Screened for Cervical Cancer Using VIA Method by Screening Result in MHSS Health Facilities in Namibia, January to March 2022

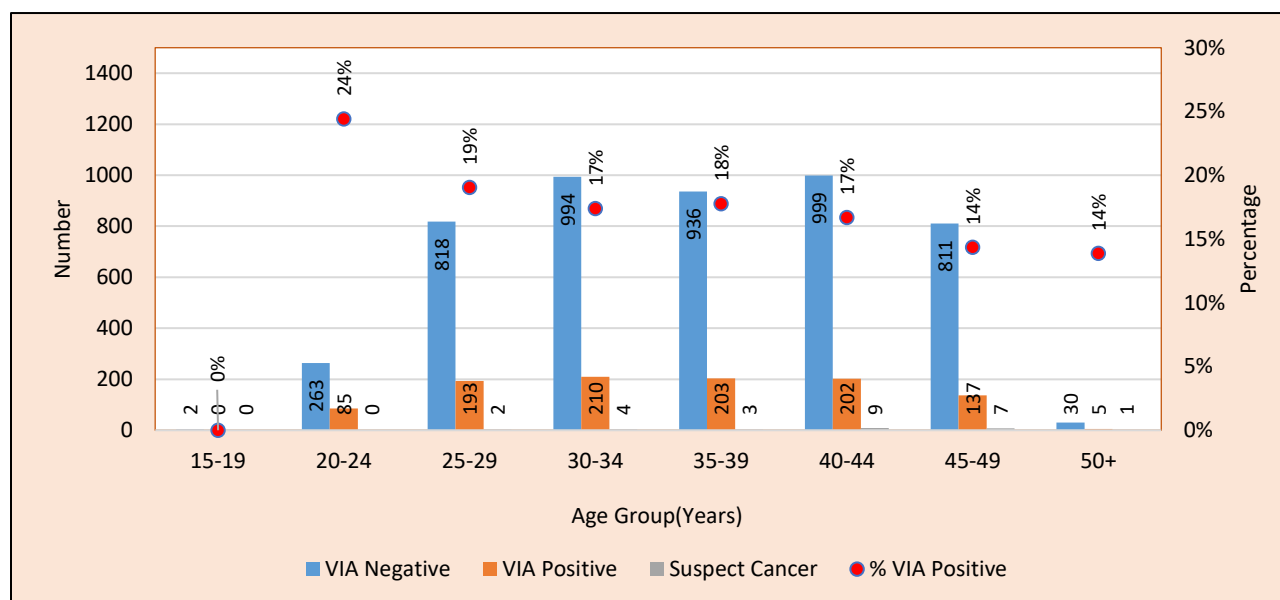


Figure 47: Number and Positivity Rate of Women Screened for Cervical Cancer Using VIA Method by Screening Result and Age Group in MHSS Health Facilities in Namibia, January to March 2022

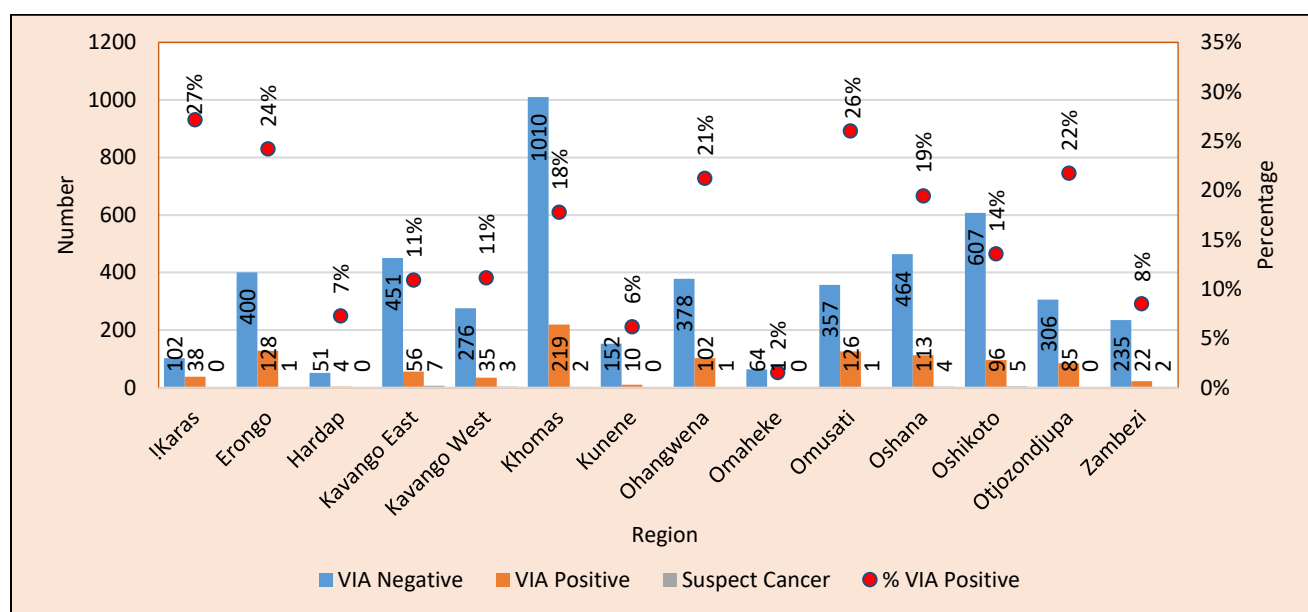


Figure 48: Number of Women Screened for Cervical Cancer Using VIA Method by Screening Results and Region in MHSS Health Facilities in Namibia, January to March 2022

Treatment Methods for Abnormal Screening Results

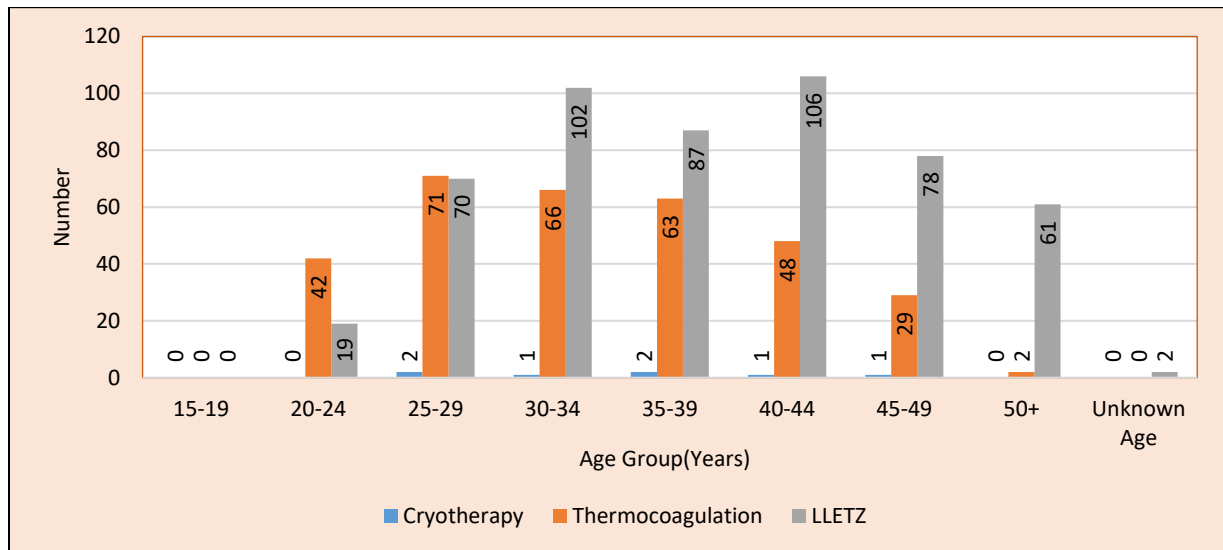


Figure 49: Number of women with VIA Positive Results and Treatment Method by Age Group in MHSS Health Facilities in Namibia, January to March 2022

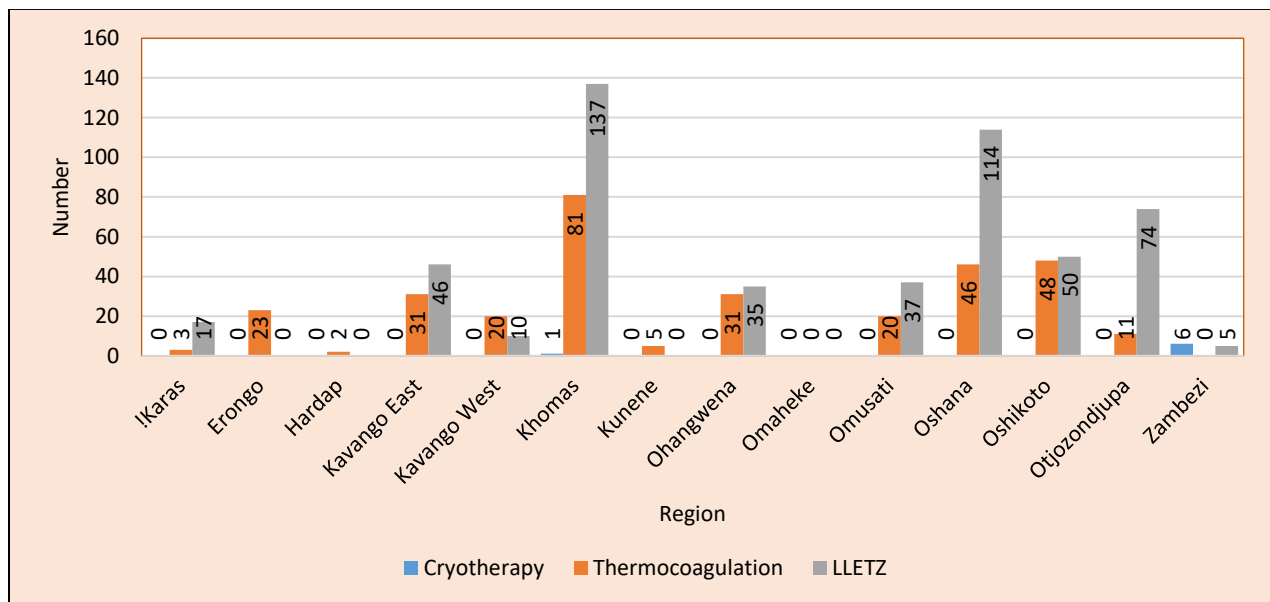


Figure 50: Number of Women with VIA Positive Results and Treatment Method by Region in MHSS Health Facilities in Namibia, January to March 2022

Voluntary Medical Male Circumcision (VMMC)

Number of VMMC Done

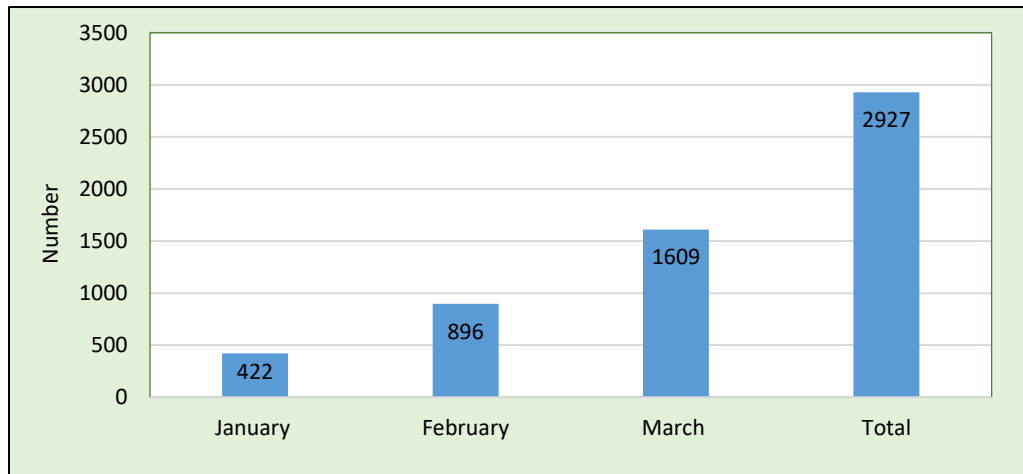


Figure 51: Number of VMMC Done by Month in MHSS Health Facilities in Namibia, January to March 2022

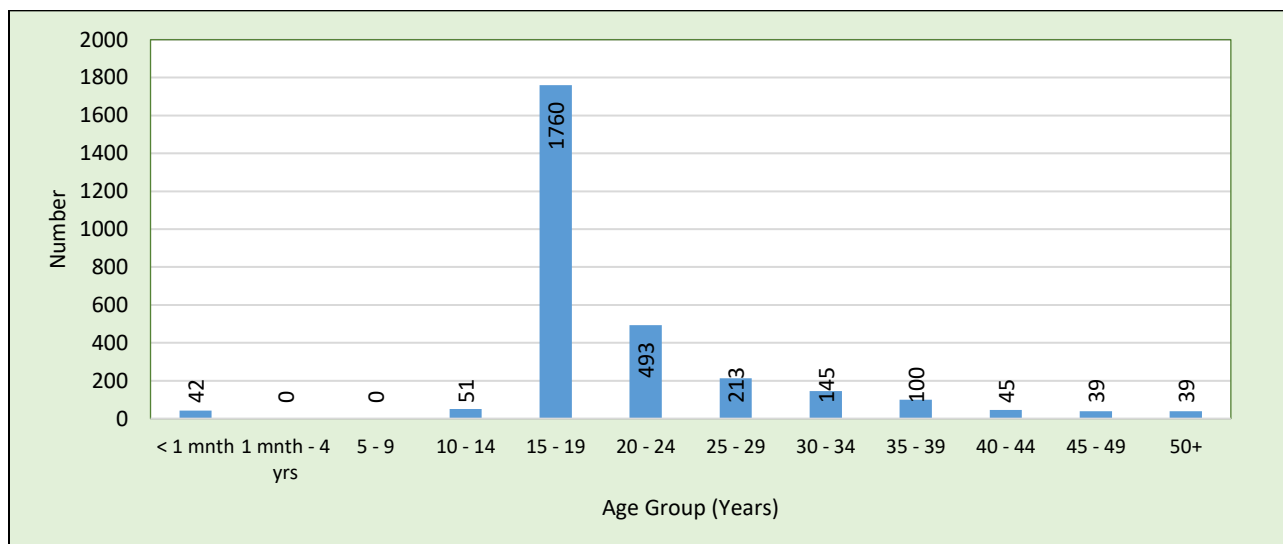


Figure 52: Number of VMMC Done by Age Group in MHSS Health Facilities in Namibia, January to March 2022

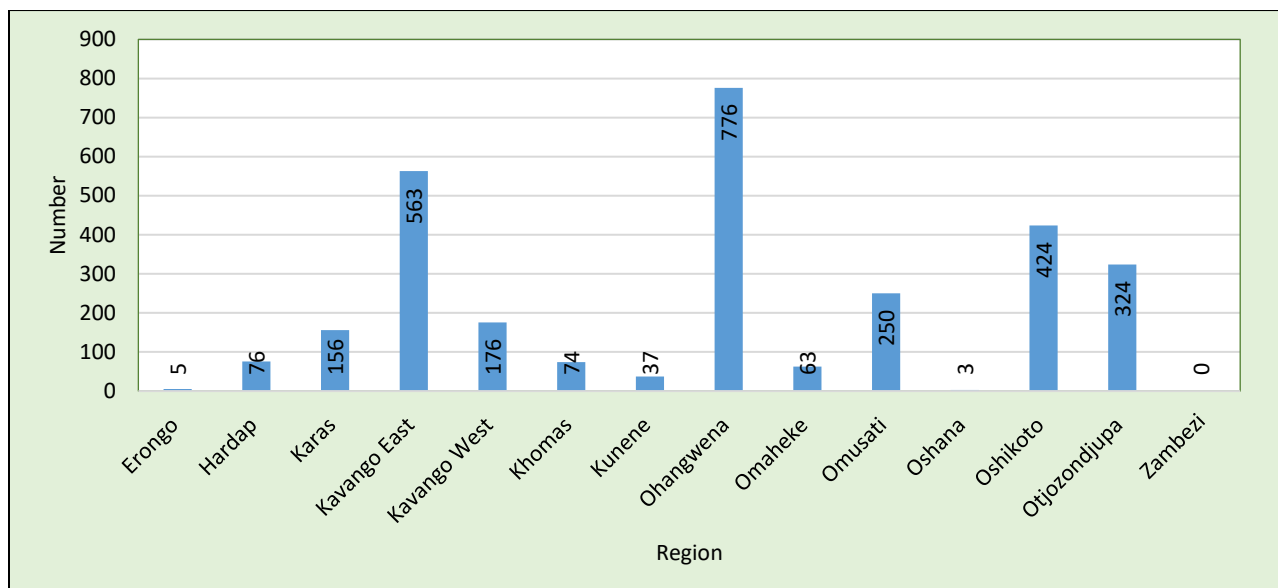


Figure 53: Number of VMMC Done by Region in MHSS Health Facilities in Namibia, January to March 2022

HIV Testing in VMMC

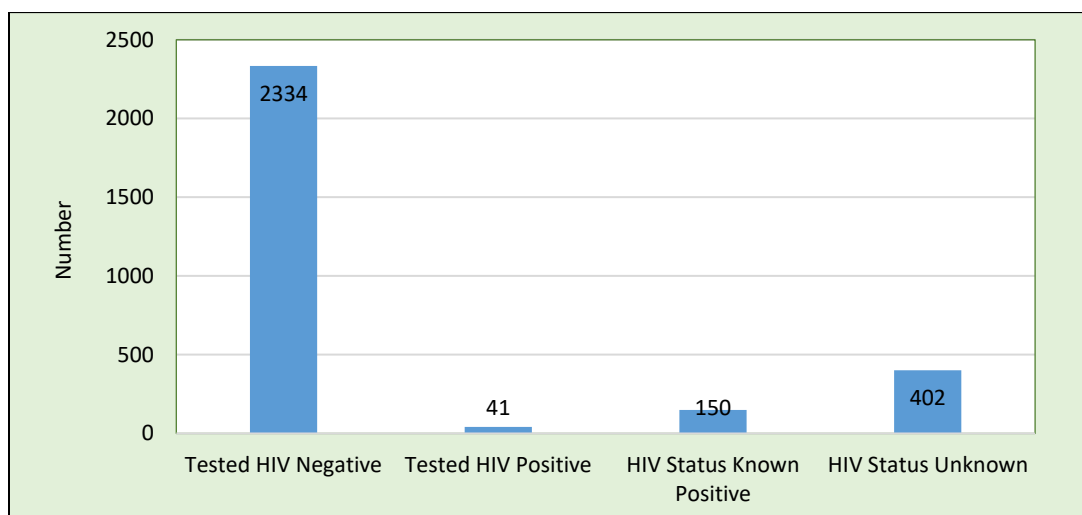


Figure 54: Number of HIV Testing Done in VMMC Settings in MHSS Health Facilities in Namibia, January to March 2022

VMMC Quarterly Trends

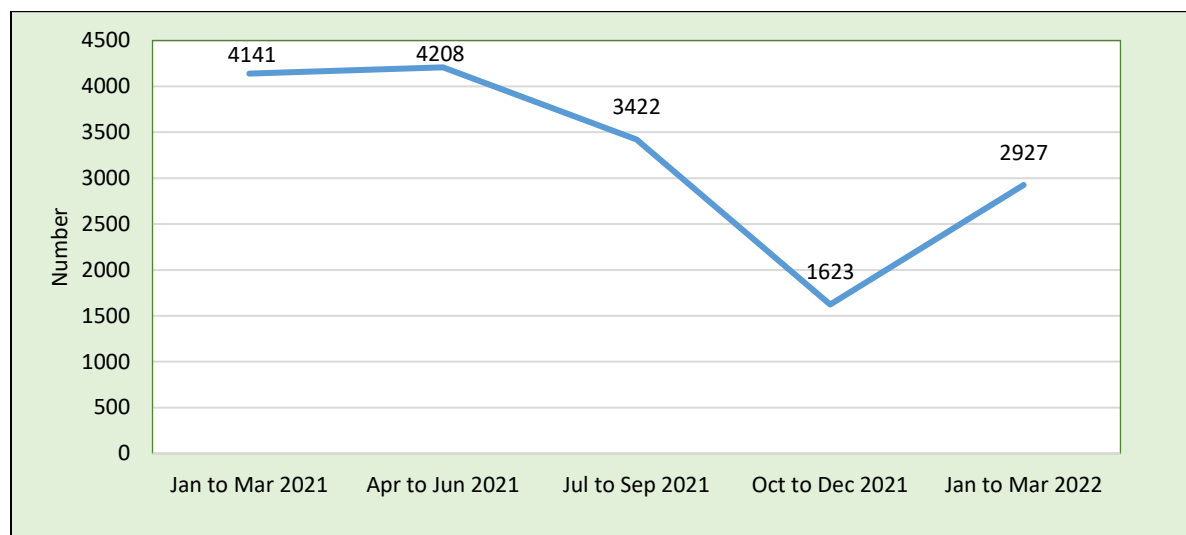


Figure 55: Quarterly Trend for VMMC Done in MHSS Health Facilities in Namibia, October 2020 to December 2021

Reporting Rate in VMMC

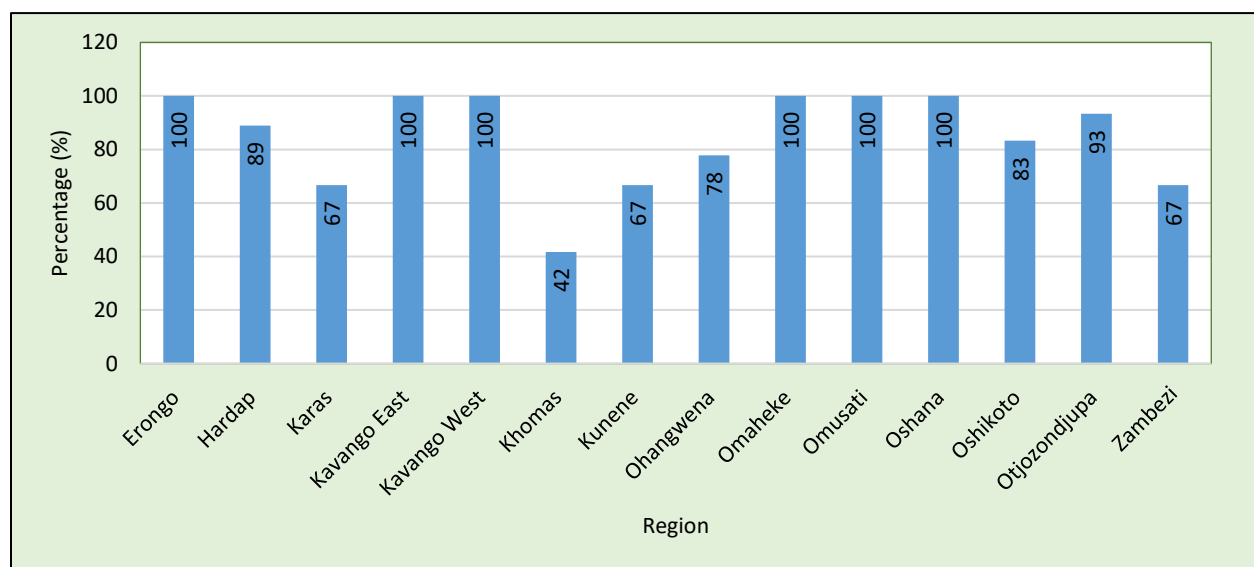


Figure 56: VMMC Reporting Rate by Region in MHSS Health Facilities in Namibia, January to March 2022

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

HIV Testing Services

Total Tested for HIV

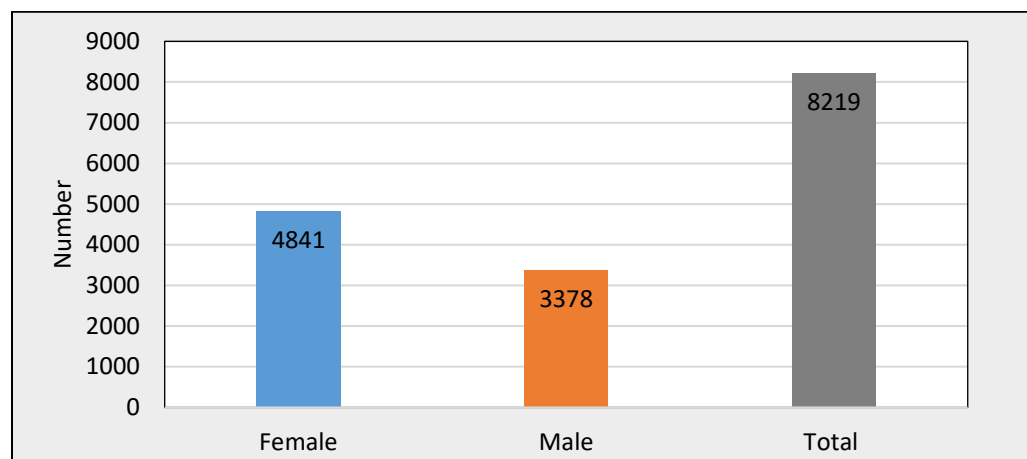


Figure 57: Number of Clients Tested for HIV by Sex in Non-MHSS Facilities in Namibia, January to March 2022

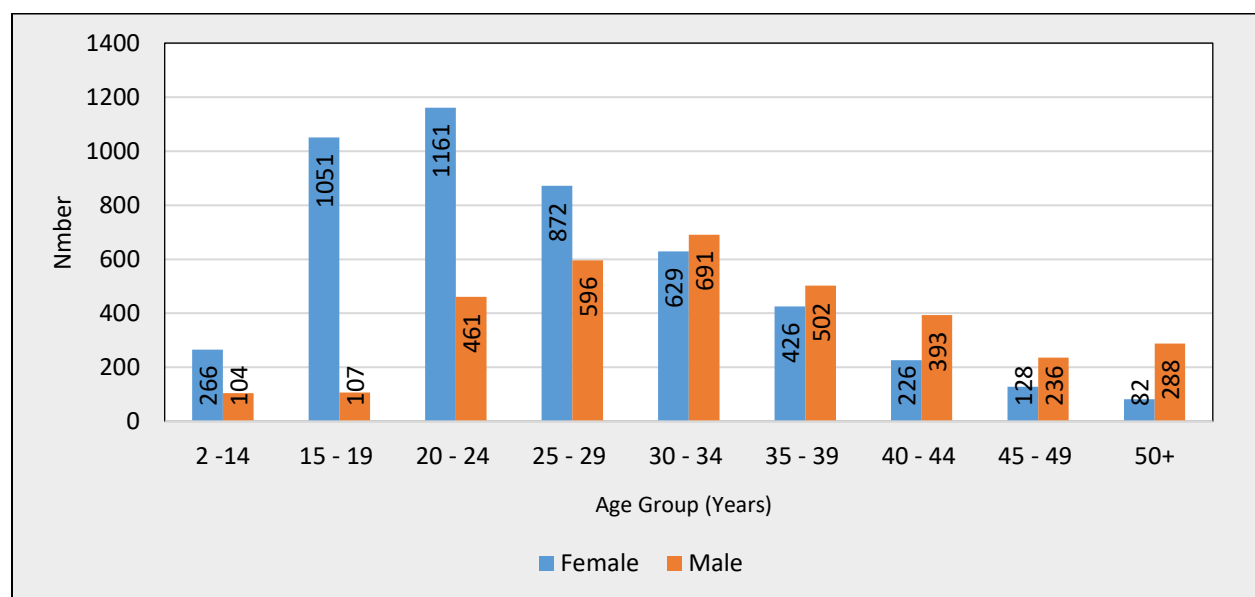


Figure 58: Number of Clients Tested for HIV by Age Group and Sex in Non-MHSS Facilities in Namibia, January to March 2022

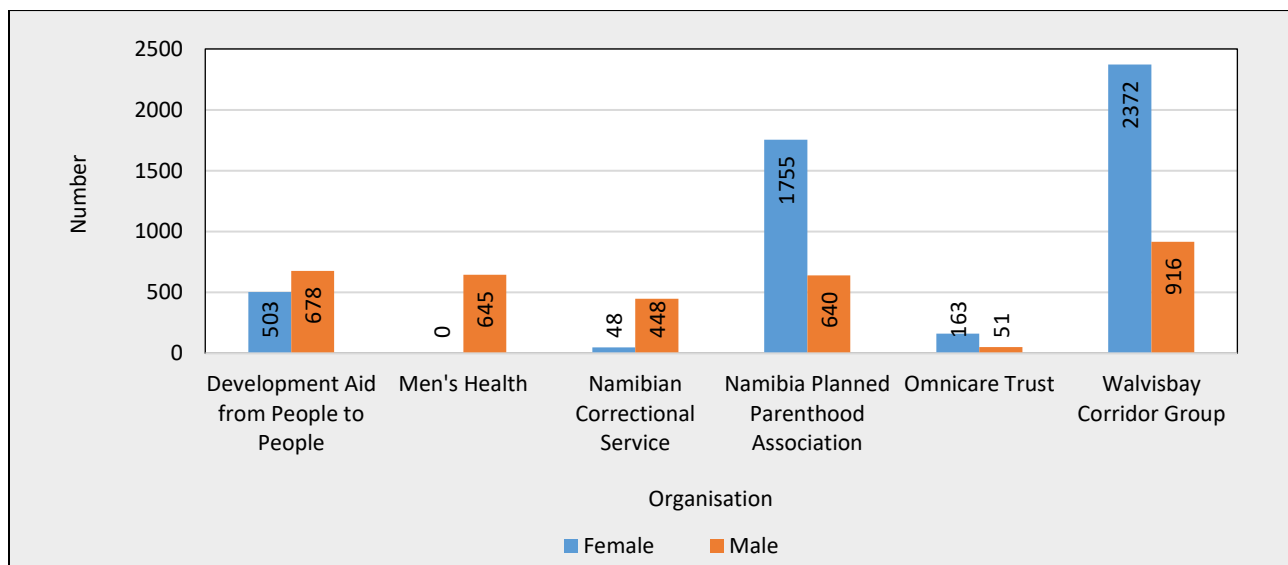


Figure 59: Number of Clients Tested for HIV by Organization and Sex in Non-MHSS Facilities in Namibia, January to March 2022

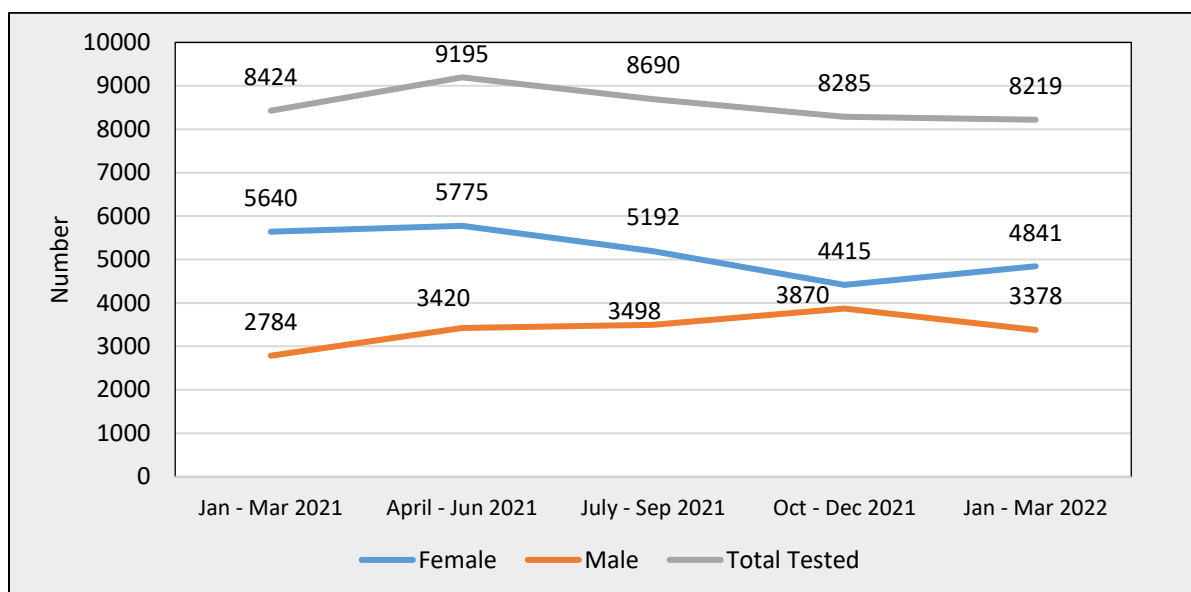


Figure 60: Quarterly Trend of Clients Tested for HIV by Sex from Non-MHSS Facilities in Namibia, January 2021 to March 2022

Total Testing HIV Positive

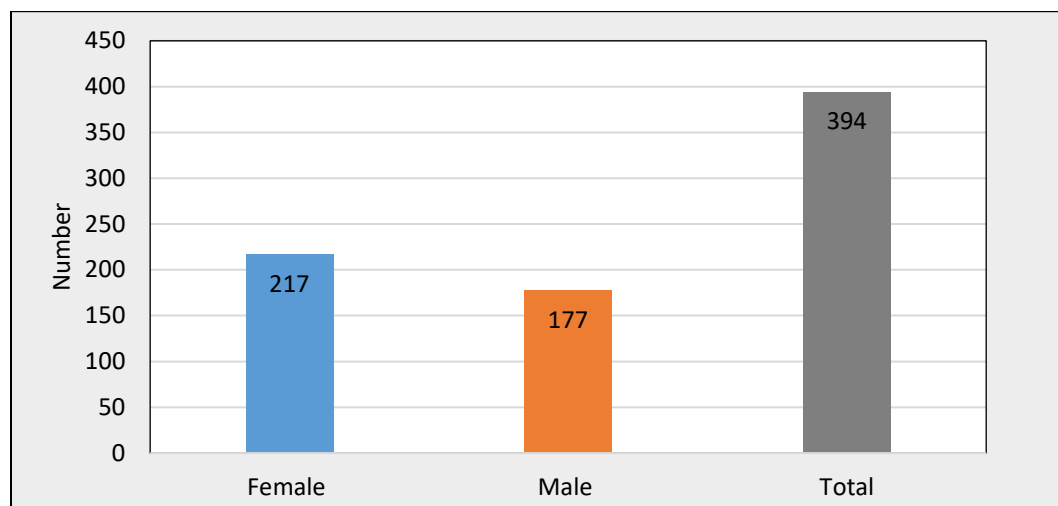


Figure 61: Number of Clients Testing HIV Positive by Sex in Non-MHSS Facilities in Namibia, January to March 2022

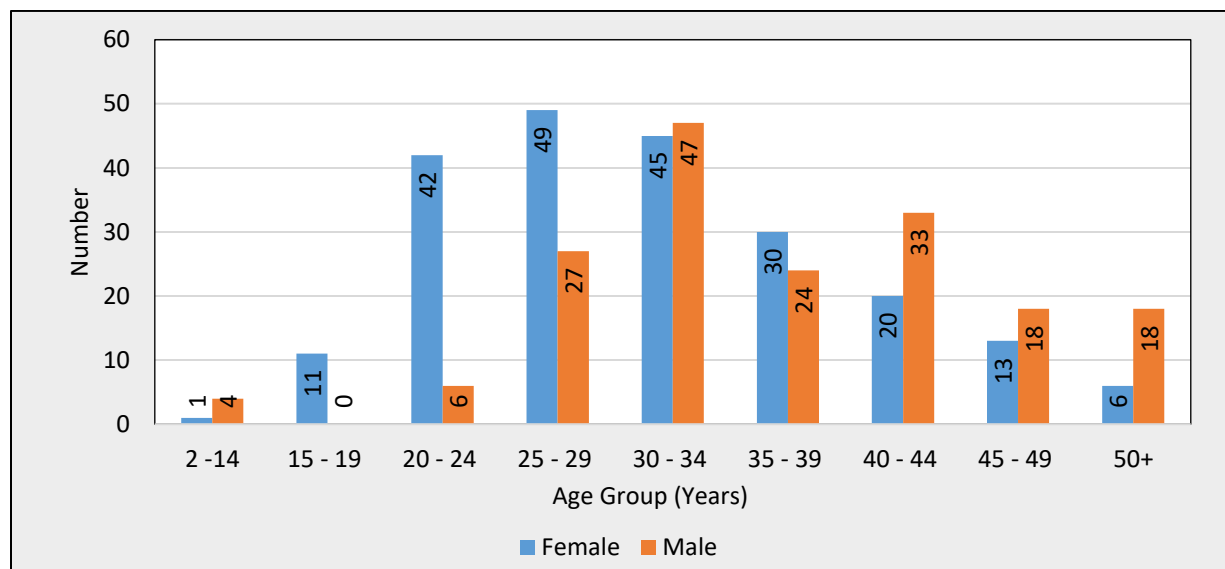


Figure 62: Number of Clients Testing HIV Positive by Age Group and Sex in Non-MHSS Facilities in Namibia, January to March 2022

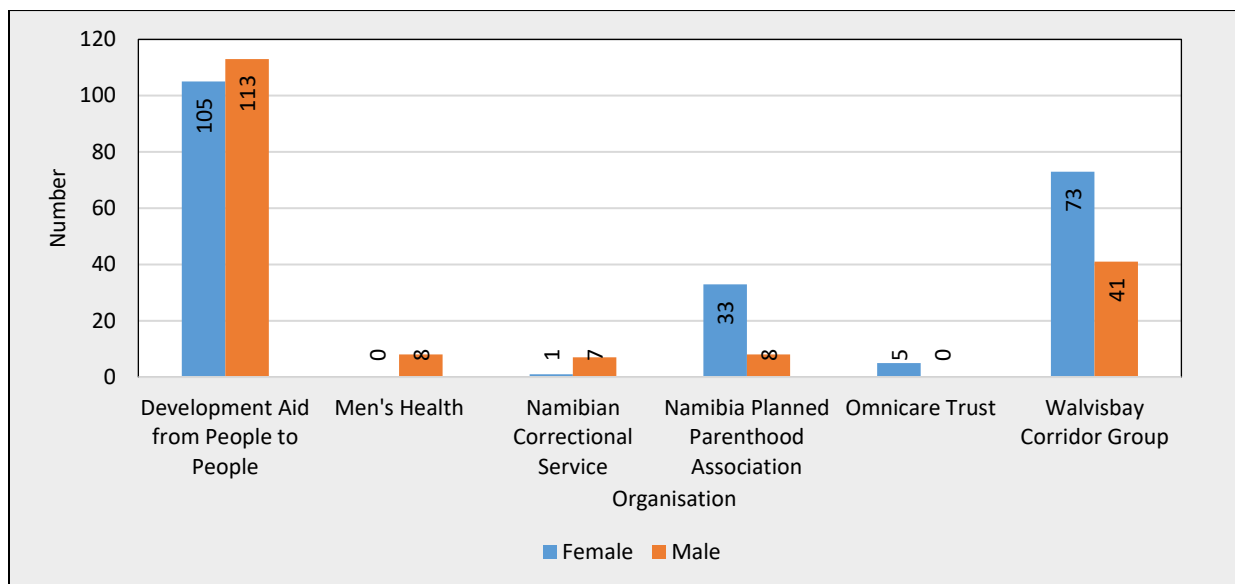


Figure 63: Number of Clients Tested HIV Positive by Organization and Sex in Non-MHSS Facilities in Namibia, January to March 2022

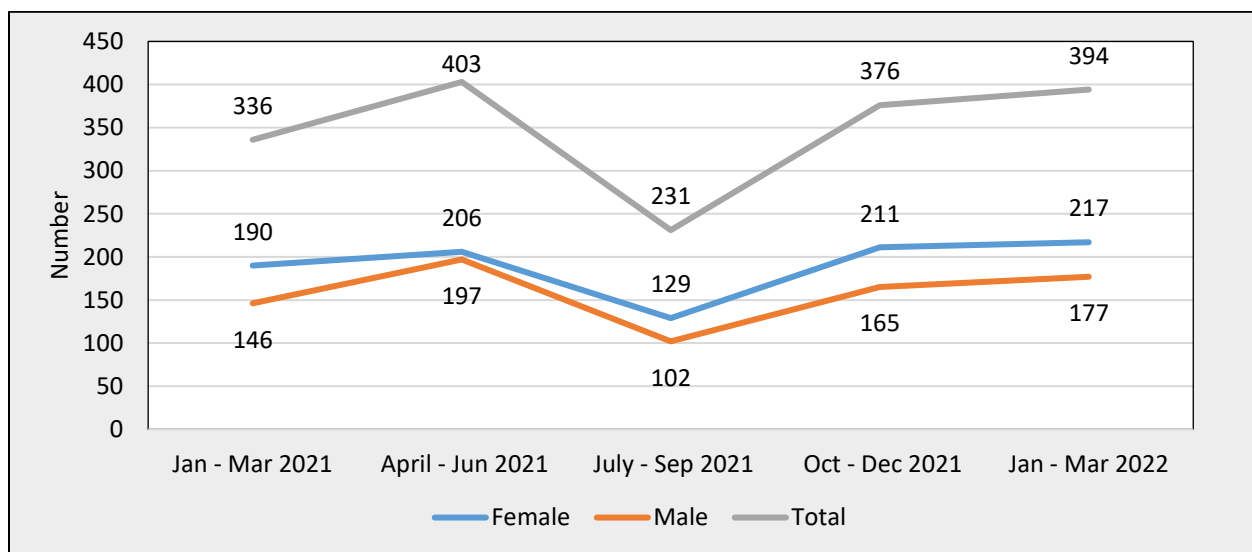


Figure 64: Quarterly Trend of Clients Tested HIV Positive by Sex from Non-MHSS Facilities in Namibia, January 2021 to March 2022

HIV Positivity Yield

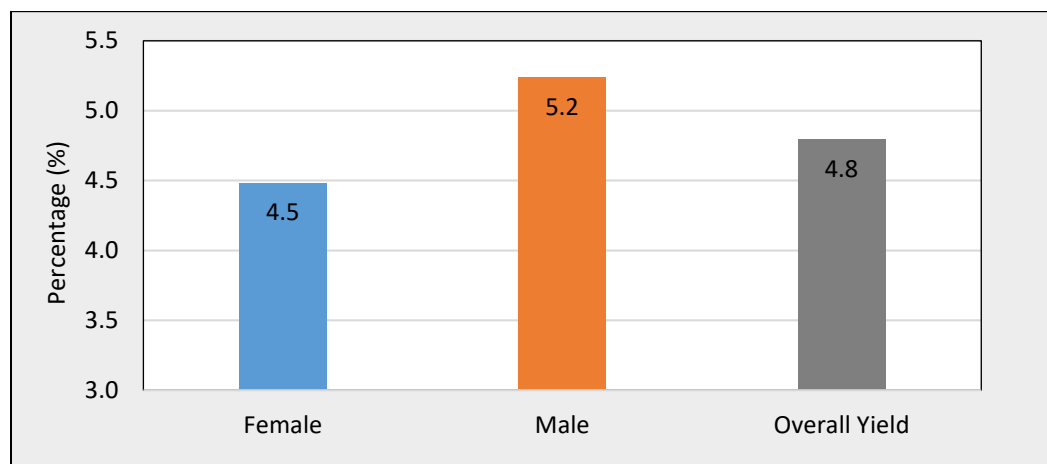


Figure 65: Positivity Yield by Sex in Non-MHSS Facilities in Namibia, January to March 2022

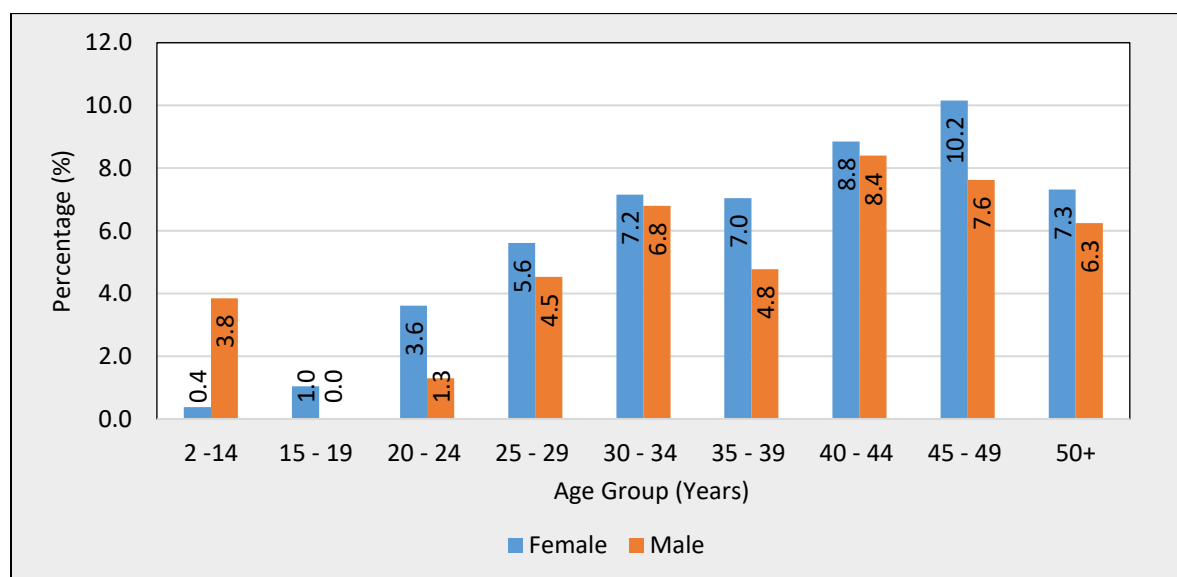


Figure 66: Positivity Yield by Age Group and Sex in Non-MHSS Facilities in Namibia, January to March 2022

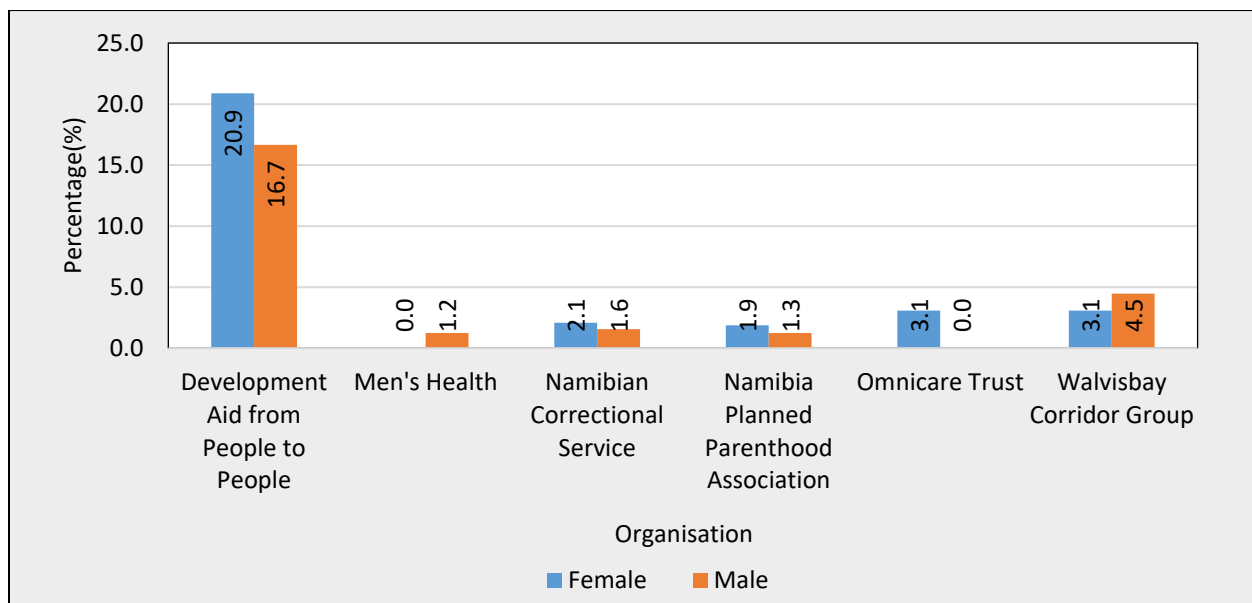


Figure 67: Positivity Yield by Organisation and Sex in Non-MHSS Facilities in Namibia, January to March 2022

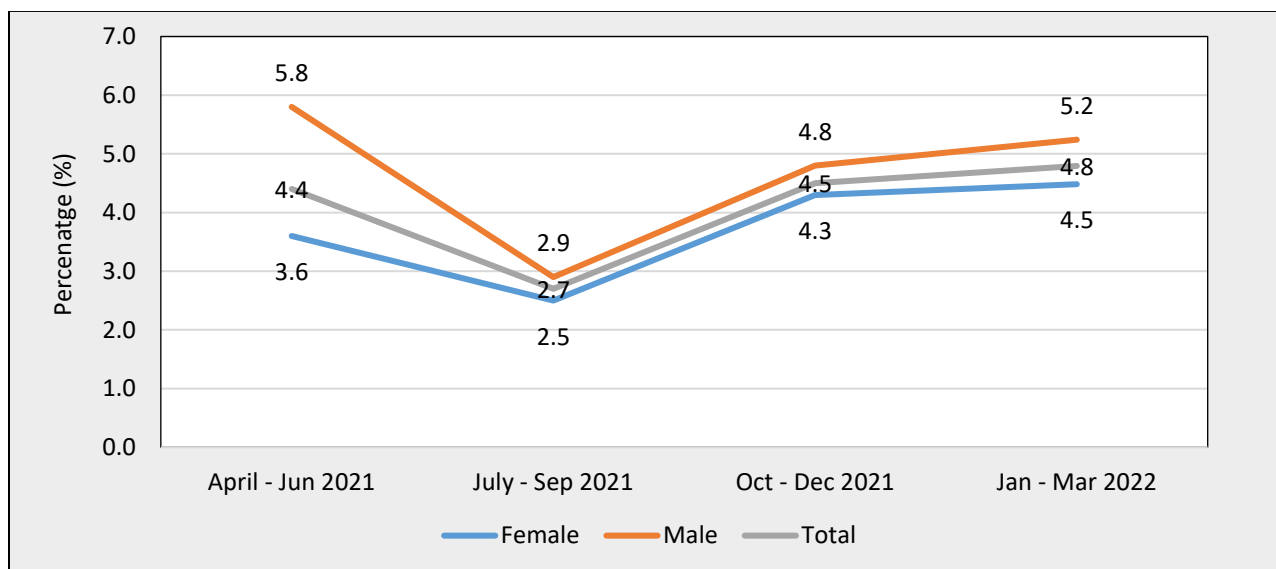


Figure 68: Quarterly Trend for Positivity Yield in Non-MHSS Facilities in Namibia, April 2021 to March 2022

Linkage to ART Care

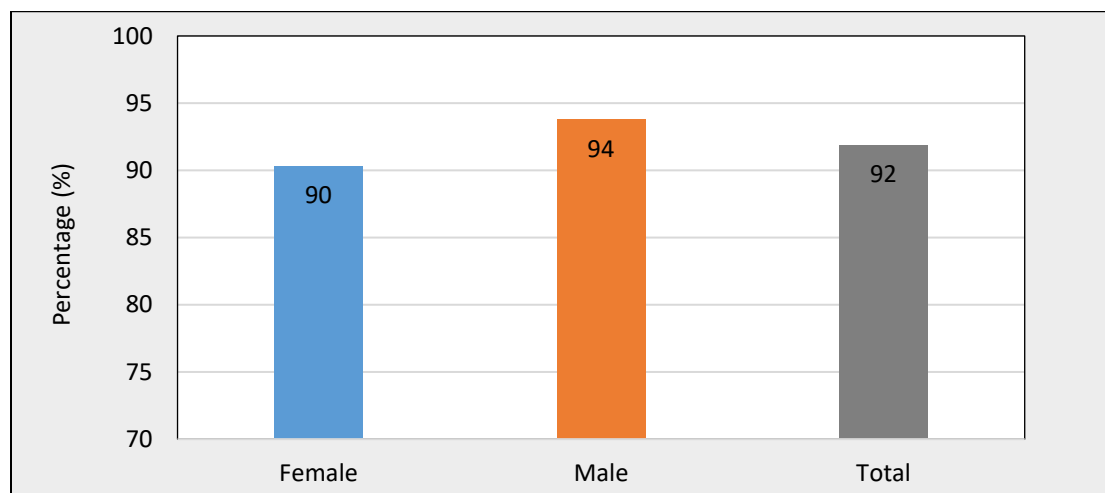


Figure 69: Percentage of Clients Tested HIV Positive and Linked to Care by Sex in Non-MHSS Facilities in Namibia, January to March 2022

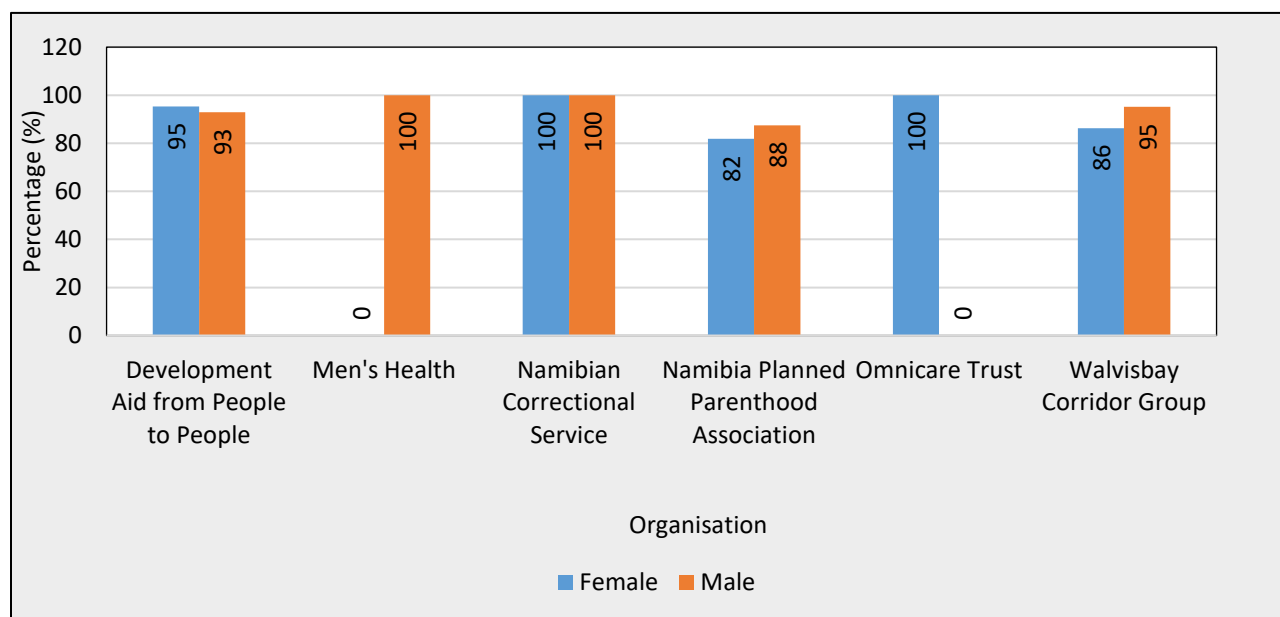


Figure 70: Percentage of Clients Tested HIV Positive and Linked to Care by Organisation in Non-MHSS Facilities in Namibia, January to March 2022

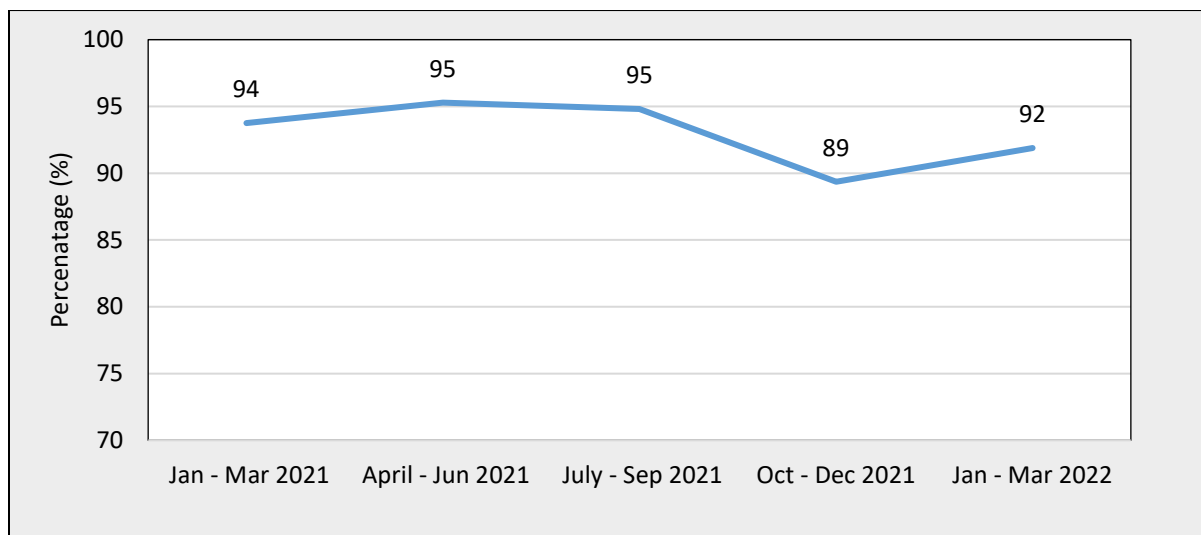


Figure 71: Quarterly Trend of Linkage Rate to Care in Non-MHSS Facilities in Namibia, January 2021 to March 2022

Reporting Rate for HTS in MIMS

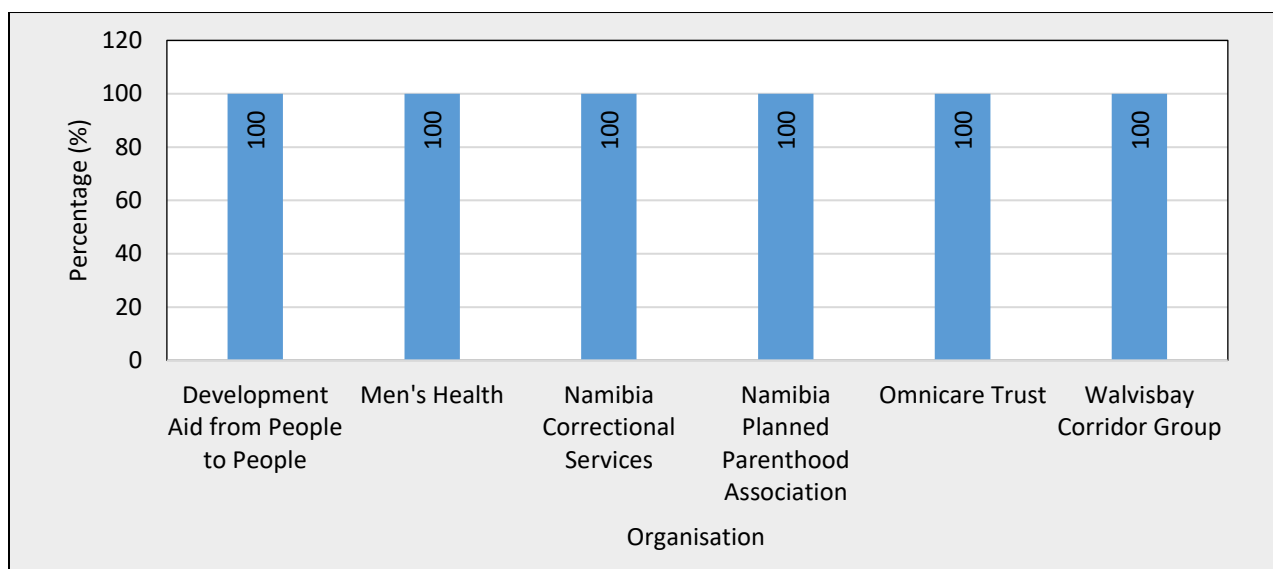


Figure 72: Reporting Rate for HTS in MIMS by Organisation in Non-MHSS Facilities in Namibia, January to March 2022

VMMC in MIMS

Number of VMMC Done

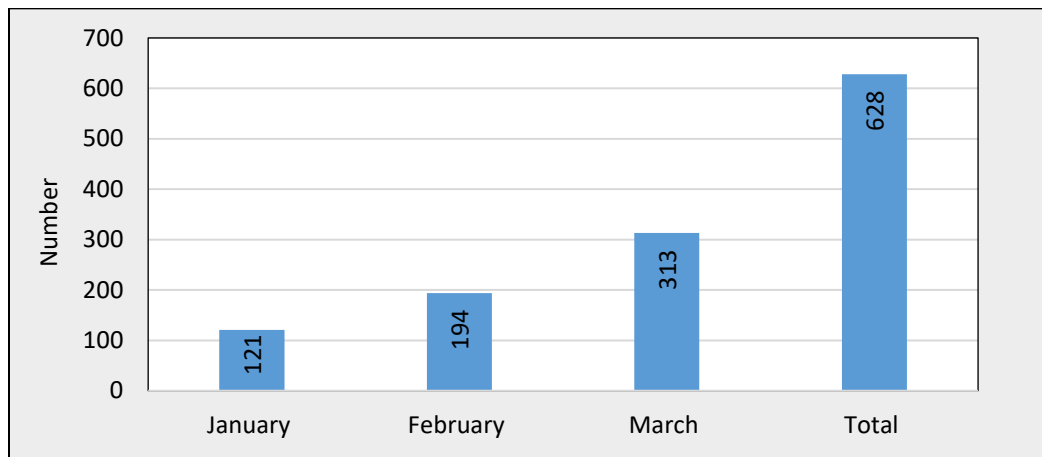


Figure 73: Number of VMMC Done by Month in Non-MHSS Facilities in Namibia, January to March 2022

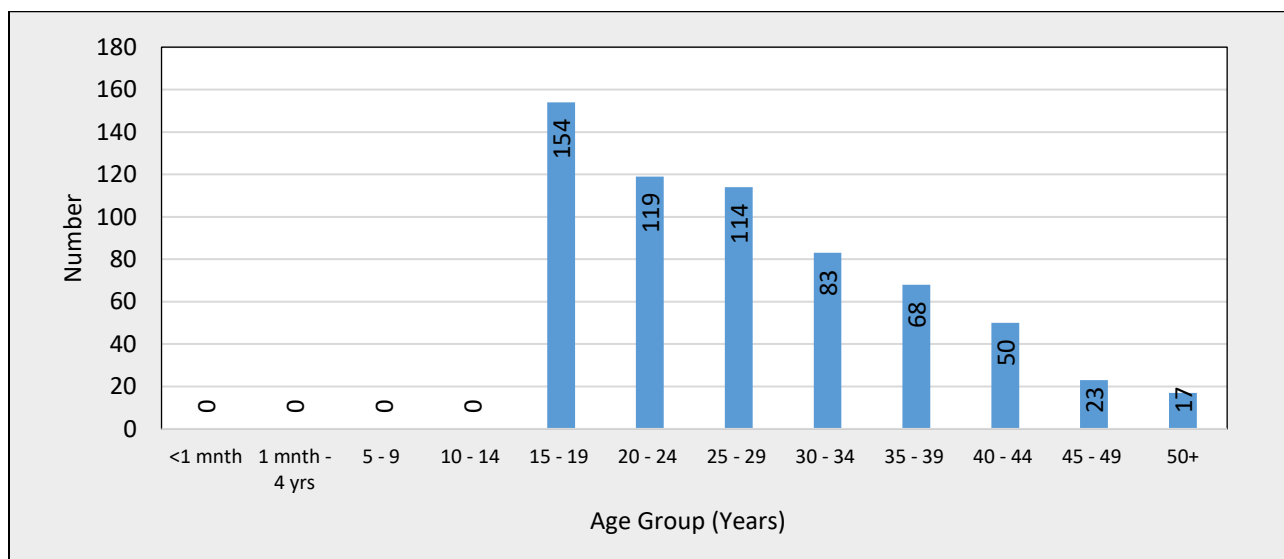


Figure 74: Number of VMMC Done by Age Group in Non-MHSS Health Facilities in Namibia, January to March 2022

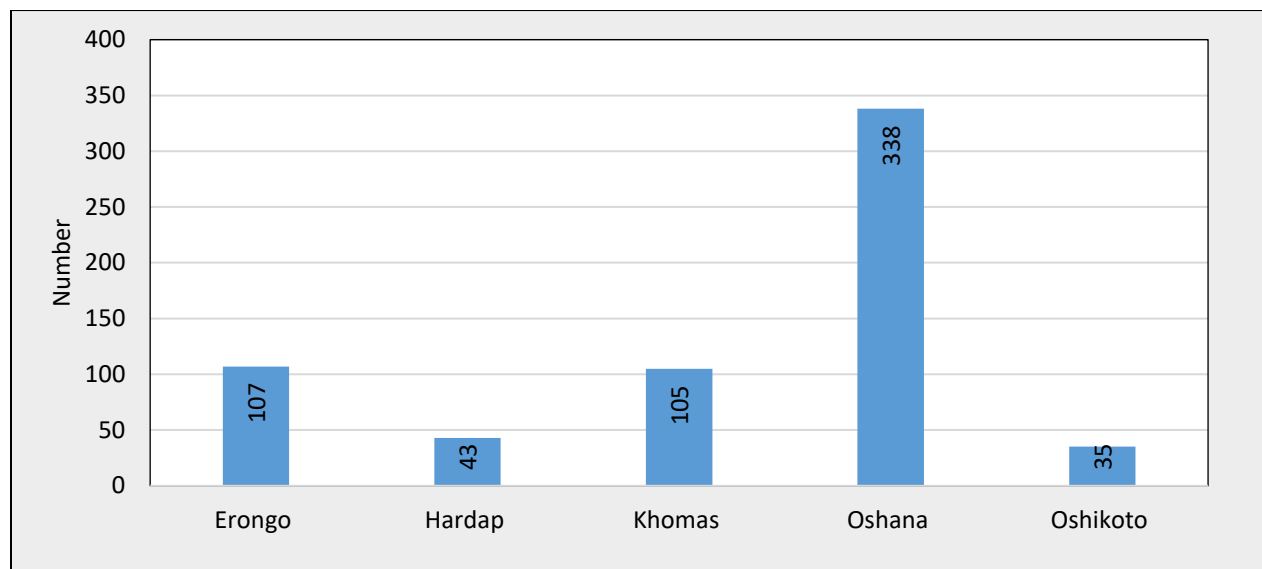


Figure 75: Number of VMMC Done by Region in Non-MHSS Health Facilities in Namibia, January to March 2022

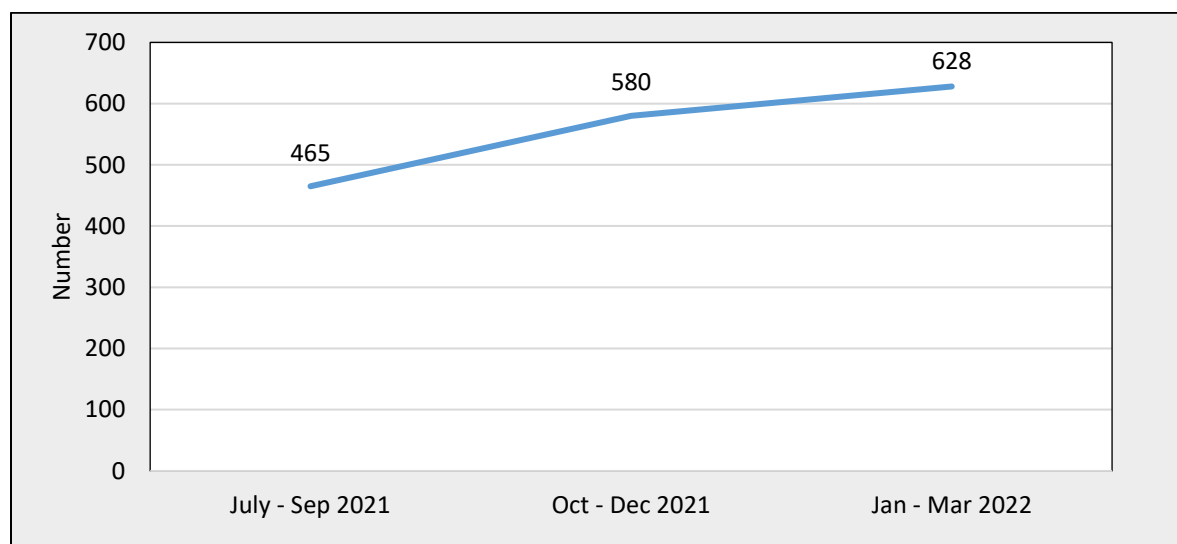


Figure 76: Quarterly Trend for VMMC Done in Non-MHSS Health Facilities in Namibia, July 2021 to March 2022



MHSS

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