

Namibia

ENHANCING EFFICIENCIES IN INTEGRATED SERVICE DELIVERY

THE CHALLENGE:

Namibia has a mature HIV epidemic, with an estimated HIV prevalence of 14 per cent. Key challenges in the health sector include poor maternal mortality and sexual and reproductive health (SRH) indicators. The country's maternal mortality ratio (MMR) is currently estimated at 130 deaths per 100,000 live births, while 18 per cent of pregnant women attending the country's antenatal clinics are living with HIV. Improvements have been noted,

however. The use of modern contraceptive methods amongst women has increased and more than 90 per cent of the demand for family planning was met, according to the country's latest DHS. Despite challenges with limited staff capacity, high staff turnover, and other weaknesses in the health delivery system, the country has worked to address barriers to efficient and effective linkages in integrated SRH and HIV service delivery.

THE CATALYST:

Through the SRHR (Sexual and Reproductive Health and Rights) and HIV Linkages Project funded by the European Union, and the Governments of Sweden and Norway, Namibia has identified an integrated model of care that has demonstrated the potential to improve programme efficacy and effectiveness. Health workers from the project's pilot sites have benefited from training on the integration of SRH and HIV and were actively involved in the process of re-organizing services to be both more efficient and conducive to integration.

improve efficiencies and the overall quality of care provided to clients. The study analyzed the four dimensions of integration: who (provider) does what (service), where (setting) and when (time). It was concluded that the organization of services using the 'one nurse, one patient, one room' model has the potential to improve nurse productivity by 2.5 times, reduce patient waiting times by half, and reduce stigma and discrimination.

Evidence from the project has reinforced political commitment, leading the country's Permanent Secretary of Health to state that "the Primary Health Care model (one nurse, one patient, one room) in an integrated manner should be the way forward for the Ministry of Health."

A time-motion study on integration of SRH and HIV services conducted in the project's pilot sites suggests that improvements in infrastructure, patient flow, and capacity building have the potential to

Rationale and Benefits of SRH and HIV Integration

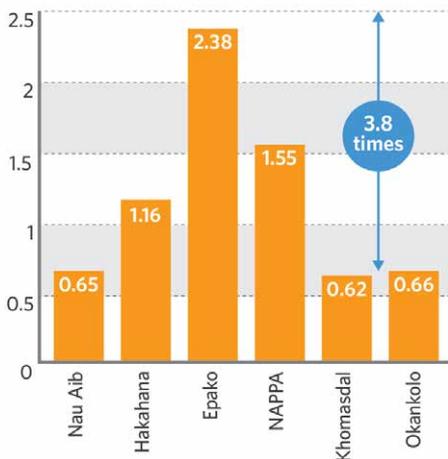
Given that most HIV infections are sexually transmitted—or are associated with pregnancy, childbirth, and breastfeeding—and the presence of certain sexually transmitted infections (STIs) further increases the risk of HIV transmission, linking SRH and HIV services simply makes sense.

The benefits of integrated services are multifold. SRH services can provide a platform for reaching clients with crucial HIV prevention, care, and treatment interventions—helping them to understand their risks for HIV and make informed decisions about their sexual and reproductive health. At the same time, HIV services can provide an effective entry point for addressing the unmet family planning needs of female clients living with HIV and can increase access to and uptake of key SRH services, such as cervical cancer screening and antenatal care.

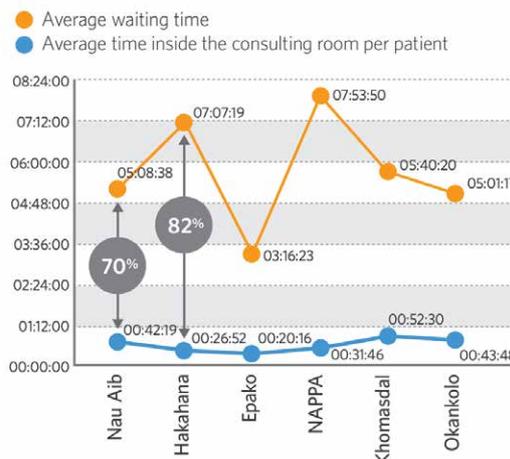
THE CHANGE:

The training of health workers on re-organizing health services for improved integrated delivery has resulted in improved efficiencies across the project's pilot sites.

NURSES PRODUCTIVITY - Number of First ANC patients per nurse per hour (by clinic)



TIME THAT PATIENTS ARE INSIDE THE ANC CONSULTING ROOM (by clinic)



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