



# NAMIBIA PRIVATE HEALTH PROVIDERS AND FACILITIES CENSUS RESULTS

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# ACRONYMS

AED	Automated External Defibrillator
AIDS	Acquired Immune Deficiency Syndrome
CD4	Cluster of Differentiation 4
СТ	Computed Tomography
ECG	Electrocardiogram
EIA	Enzyme Immunoassays
ELISA	Enzyme-Linked Immunosorbent Assay
ENT	Ears, Nose, and Throat
FP	Family Planning
GP	General Practitioner
HIV	Human Immunodeficiency Virus
ICU	Intensive Care Unit
MOHSS	Ministry of Health and Social Services
MRI	Magnetic Resonance Imagining
NAMAF	Namibian Association of Medical Aid Funds
PCR	Private Consulting Room
PSA	Private Sector Assessment
SHOPS	Strengthening Health Outcomes through the Private Sector Project
STI	Sexually Transmitted Infection
ТВ	Tuberculosis
USAID	United States Agency for International Development

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# EXECUTIVE SUMMARY

In 2010, SHOPS conducted a private sector assessment (PSA) in Namibia to identify key private sector actors and activities, and to develop strategies for leveraging this sector's resources with public sector resources to increase and sustain access to priority health services. In response to several of the recommendations of the PSA, a census was commissioned by USAID Namibia in 2013 to examine the scale and geographic distribution of private health facilities and service providers. The census sheds light on several private health providers and facility characteristics, including infrastructure, available services and equipment, staffing levels, patient volume, payment mechanisms, and training priorities. The study also gauged interest in service expansion and partnering with the public health sector to address health needs.

The census of private health providers and facilities was conducted in all 13 regions of Namibia (the census was conducted before Namibia had 14 regions), and covered several categories of private health entities:

- Private consulting rooms
- Private hospitals
- Pharmacies
- Pathology laboratories
- Radiology laboratories
- Ambulance services
- Mobile clinics
- Medical suppliers

This census provides the first comprehensive list, database, and geographic representation of private health entities across Namibia. Additional information—such as staffing, specialized equipment and services, payment

#### FIGURE 1: DENSITY OF PRIVATE PROVIDERS BY REGION



mechanisms and fees—is available for entities that agreed to participate and completed the interview. However, the census may not reflect the current situation as circumstances may have changed since data for the census was collected in late 2013.

Results from this census provide evidence and information to support the government of Namibia and other stakeholders in maximizing the contributions of the private health sector, a goal that is particularly important as the country takes increasing ownership for sustaining the national HIV response and exploring public-private partnerships.

### **METHODS**

The SHOPS team first identified categories of private health entities to be included in the census. These included the following private facilities: consulting rooms (a category encompassing general medical practices and specialist practices such as dental clinics), hospitals, pharmacies, pathology laboratories, radiology laboratories, ambulance services, mobile clinics, and medical suppliers. The Namibian Association of Medical Aid Funds (NAMAF) registry of facilities served as the basis for developing a master list of private health entities in Namibia. Four survey instruments with several common questions were developed to collect data (one for each category of private health facility except for pathology labs, radiology labs, and ambulance services, which were captured under one common survey instrument). A private research firm, Vision Africa, was selected through a competitive process to conduct local data collection, which was overseen by SHOPS researchers. Data collectors conducted an intensive search on foot in major cities such as Windhoek to identify any facilities not included in the NAMAF registry. Additionally, the SHOPS research team consulted online medical listings and Telecom Namibia's "Telephone Directory 2013-2014" to identify any additional facilities that may have been missed. During data collection, the snowball methodology also was used to identify any additional facilities. All identified entities were visited up to three times in an attempt to secure participation in the census. In instances where the interview was refused or otherwise unsuccessful, enumerators recorded basic information such as type of facility, specialty (if applicable), and address, including GPS coordinates, to enable preparation of maps depicting the geographic distribution of each facility type. Data collection took place between August 2013 and January 2014.

### **OVERVIEW OF PRIVATE FACILITIES**

During the census, a total of 664 private consulting rooms (PCRs), 27 hospitals, 126 pharmacies, 29 pathology laboratories, 22 radiology laboratories, 12 ambulance services, five mobile clinics, and five medical suppliers were identified. Consistent with the 2010 private sector assessment, the majority of private health facilities were located in Khomas region. Erongo, Oshana, and Otjozondjupa regions also had a substantial private health sector presence. Of the 890 facilities identified, the overall response rate was 71 percent.

### **PRIVATE CONSULTING ROOM**

PCRs included individual private health care practices, group private health care practices, primary health care clinics and workplace clinics. Out of the 664 private consulting rooms identified, 446 agreed to participate fully in the census. Of these, 30 percent had satellite locations with an average of 1.7 satellites per main facility. About 65 percent of PCRs were located in a shared building, and the average number of examination rooms among surveyed health facilities was 2.1. Overall, most of the PCRs—including those that declined to participate in the interview—were located in Khomas region (428) and Erongo (150).

Most facilities (86 percent) reported being registered with the Health Professionals Council of Namibia, and nearly all (99 percent) reported being registered with the Ministry of Health and Social Services. When facilities did not report being registered with both of these authorities, it is possible that the respondent was not aware of the registration or simply did not mention both registrations during the interview. Almost 40 percent of PCRs that provide general physician services reported service delivery statistics to the Ministry of Health and Social Services (MOHSS). Of all PCRs, 35 percent provide primary health care services. Over half (53 percent) of the facilities providing primary health care services reportedly have an autoclave for equipment sterilization and about 10 percent had an incinerator.

Most of the PCR respondents were either the owner of the facility (44 percent) or a health service provider employed at the facility (24 percent). Overall, 85 percent of PCR respondents were affiliated with a medical association. Of the 272 facilities that offer general physician services and specialized services, 55 percent were affiliated with the Namibia Medical Association, and 22 percent were affiliated with the Namibian Medical Society. Interest in partnering with the public sector was high (73 percent) among facilities that offer general physician services. The services most commonly reported by PCRs were general practice services (171 facilities), HIV counseling (77 facilities), other counseling services (73 facilities), HIV and AIDS treatment (66 facilities), and dental services (64 facilities).

The PCRs surveyed encompass a wide range of facilities that provide various services from general practice services to specialized services, such as optometry and biokinetic services. General practitioners (GPs) were the most commonly available provider type (247). Others were registered nurses (105), dentists (78), physiotherapists (62), optometrists (51), and biokinetists (43). Generally, there was a lack of specialized medical equipment across all PCR facilities. However, 50 percent of the 227 facilities providing general practice services, rehabilitative services, and biokinetic services had an electrocardiogram (ECG) machine available, and 45 percent of the 246 facilities providing general medical services, obstetrics and gynecology services, and specialized services had an ultrasound machine available.

### **PRIVATE HOSPITAL**

Eighteen of the 27 identified private hospitals agreed to participate in the census. Seven of these hospitals reported having an operating room. Of these, the average number of beds was 24, and the average number of inpatient rooms was 12. All participating hospitals reported that they were registered with NAMAF, and all hospitals accepted medical insurance claims for their clients. Ten of the private hospitals were interested in participating in public-private partnerships. The most available cadre of staff was nurses (a total of 181 registered or enrolled nurses work in private hospitals). Additionally, there were 33 general practitioner doctors and 24 specialized doctors reported across all participating hospitals. The study did not investigate the specializations of these 24 doctors, but we do know that only five hospitals located in four regions reported offering specialized services. For hospitals where the interviewers recorded the doctor's specialities, six were general surgeons and one was an anesthesiologist. The most commonly available specialized equipment was an ECG machine (available in 10 hospitals) and an automated external defibrillator (8 hospitals).

### PHARMACY

Interviews were conducted at 108 of 126 identified pharmacies that consented to participate. Eighty-four percent of the 108 pharmacies shared a building with another business. Pharmacies reported an average number of 125 clients per day, and over 90 percent reported having private consulting areas. All pharmacies were registered with the appropriate governing bodies. Availability of standard operating procedures at the pharmacies was very high (over 80 percent), and the maintenance of schedule 1 and schedule 2 registers was almost universal. The main specialized services offered by the pharmacies included blood pressure monitoring (84 percent), glucose screening (65 percent), family planning counseling (63 percent), and HIV counseling (50 percent). HIV testing kits were available in 71 percent of the pharmacies, and female condoms were available in 44 percent of the facilities. Male condoms, pills, injectable contraceptives, and emergency contraception pills were available in over 80 percent of the pharmacies.

### PATHOLOGY LABORATORY, RADIOLOGY LABORATORY, AND AMBULANCE SERVICES

Response rates at pathology laboratories, radiology laboratories, and ambulance service providers was 79 percent (23 out of 29), 86 percent (19 out of 22), and 92 percent (11 out of 12), respectively. Facility counts include both main and satellite facilities. Khomas region had the highest concentration of staff among both types of laboratories and ambulance services (54 percent of pathology lab staff, 64 percent of radiology lab staff, and 62 percent of ambulance service service staff).

Most pathology laboratories (18 out of 23) were equipped with chemistry analyzers and hematology analyzers, but fewer than five had enzyme-linked immunosorbent assay (ELISA) readers, chemiluminescent analyzers, tissue processors, or blood gas analyzers. X-ray and ultrasound machines were the most common equipment available in radiology laboratories. Approximately half of radiology labs had computed tomography (CT) scanners (8 out of 19) or mammogram machines (9 out of 19), and few facilities (four or fewer) had magnetic resonance imagining (MRI) or ECG machines. Of the 11 ambulance service providers, 10 had portable suction units, and 9 were equipped with oxygen tanks, automated external defibrillators (AEDs), ECG monitors, and extrication devices. The average number of transport vehicles per ambulance service was two, and the average number of paramedics per ambulance service was five.

### **MOBILE CLINICS**

Five mobile clinics were identified, and all five agreed to participate in the census. Two of the mobile clinics are owned by a private hospital, and two are owned by non-governmental organizations. The mobile clinics provide primary health care services to vulnerable populations, such as farm workers, truck drivers and their clients, and poor communities. One of the mobile clinics provides primary health care and occupational health care to commercial companies. All mobile clinics are managed by nurses, and nearly three-quarters of staff are nurses. All facilities reported registration with MOHSS.

Of the five mobile clinics, four offer primary health care and wellness services, HIV counseling and testing, and sexually transmitted infection services. Only one clinic offers family planning services, maternal and child health services, and immunizations.

All mobile clinics signaled interest in improving or expanding their service provision. The most common barriers to expansion for mobile clinics were lack of funds or insufficient equipment or staff. Three mobile clinics reported a willingness to partner with the public sector to provide health services.

### **MEDICAL SUPPLIERS**

Similar to mobile clinics, five medical suppliers were identified, and all agreed to participate in the census. Sixty percent of medical supplier staff members are pharmacists. All facilities reported registration with MOHSS.

Nearly all medical suppliers (four out of five) are interested in improving or expanding their services. All medical suppliers indicated they would be willing to partner with the public sector to provide priority health services.

# 1 CONSOLIDATED TABLES

The tables in this section describe the total number of health facilities identified by type and by region, regardless of whether they agreed to take part in the census. Response rates are also described.

Facility Type	Caprivi	Erongo	Hardap	Karas	Kavango	Khomas	Kunene	Ohangwena	Omaheke	Omusati	Oshana	Oshikoto	Otjozondjupa	Total (N)
Private consulting room	6	97	19	14	12	338	5	13	4	10	60	14	43	635
Workplace clinic <sup>1</sup>	0	15	0	1	0	5	0	0	3	0	1	1	3	29
Private hospital	0	9	0	1	2	5	0	1	1	0	1	2	5	27
Pharmacy	2	17	5	3	4	55	2	4	3	5	14	3	9	126
Pathology labs*	1	3	1	1	1	9	0	0	1	0	5	2	5	29
Radiology labs*	0	4	1	0	2	6	0	0	4	0	2	0	3	22
Ambulance services*	0	4	0	0	0	3	0	0	0	0	3	1	1	12
Medical suppliers	0	0	0	0	0	3	0	0	0	0	1	0	1	5
Mobile clinics	0	1	0	0	0	4	0	0	0	0	0	0	0	5
Ν	9	150	26	20	21	428	7	18	16	15	87	23	70	890

#### TABLE 1: TOTAL NUMBER OF FACILITIES IDENTIFIED BY REGION

\* Data reflects main locations and satellite locations.

<sup>&</sup>lt;sup>1</sup> Workplace clinic is a sub-category of the PCR. The main reason for pulling them out of the PCR is to help identify their geographic locations for possible future targeting. Subsequent analysis on workplace clinics is included in the "Private Consulting Rooms" section.

	PCR		PCR		PCR		PCR		PCR		PCR Private hospita		Pharmacies		Pathology labs*		Radiology labs*		Ambulance services*		Medical suppliers		Mobile clinics		Total	
	Num.	%	Num.	%	Num.	%	Num.	%	Num.	%																
Interview fully completed <sup>2</sup>	446	67.2	18	66.7	108	85.7	23	79.3	19	86.4	11	91.7	5	100.0	5	100.0	635	71.3								
Partially completed	9	1.3	1	3.7	-		-	-	-	-	-	-	-	-	-	-	10	1.1								
Refused	154	23.2	6	22.2	15	11.9	-	-	1	4.5	-	-	-	-	-	-	176	19.8								
Unsuccessful contact <sup>3</sup>	55	8.3	2	7.4	3	2.4	6	20.7	2	9.1	1	8.3					69	7.8								
Ν	664	100.0	27	100.0	126	100.0	29	100.0	22	100.0	12	100.0	5	100.0	5	100.0	890	100.0								

#### TABLE 2: WILLINGNESS TO PARTICIPATE IN THE CENSUS

<sup>&</sup>lt;sup>2</sup> Subsequent analysis restricted to fully completed interviews. <sup>3</sup> Includes facilities in which an interview respondent was not found.



FIGURE 2: DENSITY OF PRIVATE FACILITIES BY REGION

# 2 PRIVATE CONSULTING ROOMS (PCRS)

The tables in this section summarize the findings related to general operations of the PCR facilities. Data are presented on facility administration and infrastructure, characteristics of the respondents, client volume, services offered by the PCRs, staff size and specialization, and availability of specialized equipment.

	Frequency	%
Health Authorities Registration* (N=446)		
Facilities registered with Health Professional Council of Namibia	383	85.9
Facilities registered with Ministry of Health and Social Services	440	98.7
Facilities reporting no registration	1	0.2
Health Information Reporting		
PCRs that report any health statistics to Ministry of Health and Social Services (N=248) <sup>4</sup>	94	38.0
PCRs reporting health services statistics (N=94) <sup>5</sup>	40	42.5
PCRs reporting notifiable disease results (N=94)	81	86.1
PCRs reporting HIV results (N=94)	28	29.7
PCRs reporting STI results (N=94)	25	26.6
PCRs that do not report any health statistics to Ministry of Health and Social Services (N=236)	123	52.1
PCRs that do not know whether they report any health statistics to Ministry of Health and Social Services (N=236)	18	7.6
Payment (N=446)		
PCRs that accept medical aid schemes patients	413	92.6
PCRs that do not accept medical aid scheme patients	28	6.3
Missing	5	1.1

#### TABLE 3: PERCENTAGE OF PCR FACILITIES BY ADMINISTRATIVE CHARACTERISTICS

<sup>&</sup>lt;sup>4</sup> Sample restricted to facilities providing general medical services.

<sup>&</sup>lt;sup>5</sup> Sample restricted to facilities that reported health services to Ministry of Health and Social Services.

	Frequency	%
	Frequency	
Building Type (N=446)		
Shared building with other medical business	145	32.6
Shared building with other non-medical business	144	32.2
Stand-alone building	109	24.4
Located within a private hospital	29	6.5
Located within a public hospital	3	0.7
Other	9	2.0
Missing	7	1.6
Locations (N=446)		
PCRs that have more than one location	134	30.0
PCRs that have only one location	308	69.0
Missing	4	1.0
Provision of Priority Health Services (N=446)		
PCRs that provide primary health care/general physician services	161	36.1
PCRs that offer male circumcision services	74	16.6
PCRs that do not offer primary health care/general physician services	211	47.3
Specialized Equipment <sup>6</sup>		
PCRs that have an incinerator (N=161)	16	9.9
PCRs that have an autoclave (N=161)	85	52.7

#### TABLE 4: PERCENTAGE OF PCR FACILITIES BY INFRASTRUCTURE CHARACTERISTICS

#### TABLE 5: HOURS OF OPERATION AND CLIENT VOLUME

	Average	N*
Client Flows		
Days per week the PCR is open	5.4	445
Hours per week** the PCR is open	44.0	446
Clients that visit the PCR on a typical day	22.6	433

\* Variations in the "N" are because of missing values.

\*\*Note: Seven facilities reported being open 24 hours per day, 7 days per week.

<sup>&</sup>lt;sup>6</sup> Sample restricted to facilities providing primary health care services.

	Frequency	%
Respondent Breakdown by Position (N=446)		
Owner	194	43.5
Service provider	107	24.0
Administrator	54	12.1
Partner	35	7.8
Receptionist	32	7.2
Provider assistant	12	2.7
Other	9	2.0
Missing	3	0.7
Professional Association Affiliation*7		
Relevant facilities affiliated with the following associations:		
Biokinetics Association (N=20)	15	75.0
HIV Clinicians Society (N=446)	38	8.5
Medical Association of Namibia (N=272)	149	54.8
Namibian Chiropractic and Osteopathy Association (N=6)	5	83.3
Namibian Dental Association (N=64)	49	76.6
Namibian Medical Society (N=272)	60	22.1
Namibian Nursing Association (N=221)	41	19.0
Namibian Optometrist Association (N=44)	19	43.2
Namibian Society of Physiotherapy (N=38)	32	84.2
Pharmaceutical Society of Namibia (N=204)	10	4.9
Psychological Association of Namibia (N=91)	20	21.9
Other (N=446)	19	4.3
No affiliation with any association (N=446)	63	14.3
Training Needs*		
Priority training needs identified by respondents:		
Clinical skills	190	42.6
Finance/business management	137	30.7
Time management/patient flow	125	28.0
Counseling/communication skills	97	21.7
Quality assurance systems	78	17.5

#### **TABLE 6: RESPONDENT CHARACTERISTICS**

\*Note: Multiple responses allowed. Total percentage to exceed 100 percent.

<sup>&</sup>lt;sup>7</sup> Sample size for each association affiliation is restricted to relevant service practices. For example, facilities providing medical services and primary health care services is the sample size for the Medical Association of Namibia, whereas the number of facilities providing dental services is the sample size for the Namibian Dental Association.

### TABLE 7: INTEREST IN IMPROVING OR EXPANDING SERVICES AND PARTNERING WITH THE PUBLIC SECTOR AMONG PHYSICIAN-STAFFED FACILITIES

	Frequency (N=248)	%
Service Improvements or Expansion		
Interest in improving or expanding service provision	158	63.7
No interest in improving or expanding service provision	64	25.8
Don't know if interested in improving or expanding service provision	25	10.1
Missing	1	0.4
Barriers to Service Expansion*		
Barriers identified by facilities that are interested in improving or expanding service provision: (N=158)		
Lack of funds	71	45.0
Lack of clinic space	58	36.7
Shortage of staff	50	31.6
Shortage of equipment	33	20.9
Lack of provider expertise	24	15.2
Accreditation policies/processes	16	10.1
Poor linkages with other services providers	15	9.5
Poor recordkeeping systems	3	1.9
Other	15	9.5
None	13	8.2
Public-Private Partnerships		
Interest in partnering with the public sector to provide health services:		
Interested in partnering with public sector	181	73.0
Not interested in partnering with the public sector	26	10.5
Don't know if interested in partnering with the public sector	36	14.5
Missing	5	2.0

\*Note: Multiple responses allowed. Total percentage exceeds 100 percent.

Type of Service	Caprivi	Erongo	Hardap	Karas	Kavango	Khomas	Kunene	Ohangwena	Omaheke	Omusati	Oshana	Oshikoto	Otjozon- djupa	Total
Anesthesiology	0	1	1	3	0	10	1	0	1	0	4	0	1	22
Audiology	0	8	0	1	0	8	0	0	0	0	0	0	1	18
Biokinetics	0	5	1	0	1	10	0	0	0	0	0	1	2	20
Blood transfusion	0	1	0	0	1	2	0	0	0	0	0	0	1	5
Cardiology	0	1	0	1	0	3	0	0	0	0	1	0	0	6
Chiropractic	0	1	0	0	0	5	0	0	0	0	0	0	0	6
Counseling	1	15	2	2	2	30	0	1	1	2	9	4	4	73
Dental	1	6	2	2	2	27	1	3	1	3	8	2	6	64
Dermatology	1	1	1	3	0	11	1	1	1	1	5	1	1	28
Diabetic services	1	8	0	2	1	14	1	1	1	0	7	4	5	45
ENT	0	0	0	2	0	9	0	0	0	0	2	0	3	16
Family medicine	0	8	1	3	1	23	1	3	1	1	8	3	4	57
Gastroenterology	0	1	0	2	0	7	0	0	1	0	2	0	0	13
General practice	4	25	5	7	3	67	2	7	2	5	25	4	15	171
General surgery	0	1	1	2	1	8	0	0	1	0	3	2	2	21
Home-based care	0	1	0	0	0	2	0	0	0	0	0	0	1	4
HIV and AIDS treatment	1	6	1	5	2	25	1	1	1	1	13	3	6	66
HIV counseling and testing	0	14	2	4	2	26	0	2	1	1	12	4	9	77
Maxillo-facial/oral surgery	0	1	0	1	0	4	0	0	0	0	2	0	0	8
Mental health psychiatric	0	1	1	2	0	4	0	0	1	0	1	1	1	12
Neurology	0	1	0	1	0	0	0	0	1	0	2	0	0	5
Nutritional services	0	5	0	0	0	9	0	0	1	0	3	1	1	20

#### TABLE 8: NUMBER OF PCR FACILITIES OFFERING SPECIFIC HEALTH SERVICES BY REGION\*

Type of Service	Caprivi	Erongo	Hardap	Karas	Kavango	Khomas	Kunene	Ohangwena	Omaheke	Omusati	Oshana	Oshikoto	Otjozon- djupa	Total
Obstetrics and gynecology	1	4	0	1	1	20	1	0	1	0	8	3	4	44
Occupational therapy	0	15	0	1	0	15	0	0	0	0	1	2	0	34
Ophthalmology	0	1	0	1	0	3	0	0	0	0	2	0	0	7
Optometry	0	8	2	0	2	17	0	1	2	0	8	0	4	44
Orthopedics	0	1	0	2	0	9	0	0	1	0	2	0	1	16
Orthotics and prosthetics	0	2	0	0	0	3	0	0	0	0	1	0	0	6
Pediatrics	0	0	0	2	1	15	0	0	1	0	4	3	3	29
Pathology	1	1	0	0	0	3	0	0	0	0	0	0	0	5
Pharmacy services	0	5	1	3	0	3	0	0	0	1	0	0	1	14
Physiotherapy	1	10	1	2	1	17	0	0	1	0	1	1	3	38
Primary health care	1	16	1	3	0	17	1	0	1	2	7	1	7	57
Psychology	0	4	0	0	0	23	0	0	1	0	1	0	1	30
Rehabilitative	0	4	0	1	0	6	0	0	0	0	0	0	1	12
Speech therapy	0	0	0	0	0	4	0	0	0	0	0	0	0	4
TB care	0	5	1	1	0	7	0	0	1	0	2	0	0	17
Urology	0	3	0	2	1	2	0	0	1	0	1	0	0	10

\*Note: One facility can offer multiple services.

Provider Type	Caprivi	Erongo	Hardap	Karas	Kavango	Khomas	Kunene	Ohangwena	Omaheke	Omusati	Oshana	Oshikoto	Otjozon- djupa	N
Anesthesiologist	0	0	0	0	0	1	0	0	0	0	1	0	0	2
Audiologist	0	2	0	0	0	4	0	0	0	0	0	0	0	6
Biokinetist	0	13	1	0	1	24	0	0	0	0	0	1	3	43
Cardiologist	0	0	0	0	0	2	0	0	0	0	0	0	0	2
Chiropractor	0	2	0	0	0	5	0	0	0	0	0	0	0	7
Counselor (general counseling)	0	1	0	0	0	13	0	0	0	0	0	0	0	14
Dental technician	0	0	0	0	0	0	0	0	0	0	1	0	1	2
Dentist	1	11	1	2	2	38	1	2	3	2	7	2	6	78
Dermatologist	0	0	0	0	0	1	0	0	0	0	0	0	0	1
Dietician	0	2	0	0	0	4	0	0	0	0	0	0	0	6
ENT specialist	0	0	0	0	0	3	0	0	0	0	0	0	0	3
Educational psychologist	0	0	0	0	0	1	0	0	0	0	0	0	0	1
Enrolled nurse	0	8	4	1	1	10	2	0	0	0	2	0	4	32
Family medicine specialist	0	2	0	1	0	5	0	1	0	0	0	1	0	10
Gastroenterologist	0	0	0	0	0	1	0	0	0	0	0	0	0	2
General practitioner	5	37	9	8	6	107	2	6	7	6	23	5	26	247
General surgeon	0	1	0	0	0	4	0	0	0	0	0	0	0	5
Hearing and acoustician	0	0	0	0	0	1	0	0	0	0	0	0	0	1
Maxillo-facial and	0	0	0	0	0	2	0	0	0	0	0	0	0	2

#### TABLE 9: NUMBER OF PROVIDERS WORKING IN PCR FACILITIES BY SPECIALTY AND REGION

Provider Type	Caprivi	Erongo	Hardap	Karas	Kavango	Khomas	Kunene	Ohangwena	Omaheke	Omusati	Oshana	Oshikoto	Otjozon- djupa	N
oral surgeon														
Midwife	0	0	0	0	0	3	0	1	0	1	2	0	0	7
Obstetrician and gynecologist	0	1	0	0	0	7	0	0	0	0	2	0	0	10
Occupational therapist	0	7	0	2	0	15	0	0	0	0	1	0	0	25
Ophthalmologist	0	0	0	0	0	3	0	0	0	0	0	0	0	3
Optometrist	0	9	2	0	2	26	0	1	1	0	8	0	3	52
Orthodontist	0	0	2	0	0	4	0	0	0	0	0	0	0	6
Orthopaedic surgeon	0	1	0	0	0	5	0	0	0	0	0	0	0	6
Orthotics and prosthetists	0	1	0	0	0	1	0	0	0	0	0	0	0	2
Pediatric surgeon	0	0	0	0	0	3	0	0	0	0	0	1	0	4
Pediatrician	0	0	0	0	0	5	0	0	0	0	0	0	0	5
Pharmacist	0	1	0	1	0	0	0	0	0	0	0	0	0	2
Pharmacist technician	0	0	0	2	0	1	0	0	0	0	0	0	0	3
Physiotherapist	1	22	1	2	1	28	0	0	2	0	1	1	3	62
Psychiatrist	0	1	0	0	0	2	0	0	0	0	0	0	0	3
Psychologist	0	2	0	0	0	16	0	0	0	0	0	0	0	18
Registered nurse	0	35	5	5	2	33	2	0	0	1	6	5	11	105
Speech therapist	0	1	0	0	0	4	0	0	0	0	0	0	0	5
Urologist	0	2	0	0	0	3	0	0	0	0	0	0	0	5
Other	0	5	0	0	0	5	0	0	0	0	0	0	0	10
Undisclosed	0	18	0	0	0	26	0	1	0	0	2	3	6	56
N	7	185	24	24	15	416	7	12	13	10	56	19	63	851

TABLE 10: DISTRIBUTION OF PCR FACILITIES THAT DECLINED TO PARTICIPATE IN THE
SURVEY BY SERVICE SPECIALTY

Type of Service	Frequency	%
Anesthesiology	4	1.9
Audiology	2	0.9
Biokinetics	1	0.5
Blood transfusion	1	0.5
Cardiology	1	0.5
Chiropractic	1	0.5
Counseling	2	0.9
Day surgery (unattached operating theatre)	1	0.5
Dental	24	11.5
ENT	3	1.4
Emergency care	1	0.5
Family medicine	1	0.5
General practice	72	34.9
Maxillo-facial/oral surgery	1	0.5
Neurology	1	0.5
Nutritional/dietary services	3	1.5
Obstetrics and gynecology	4	1.9
Occupational therapy	2	0.9
Ophthalmology	4	1.9
Optometry	11	5.3
Orthopedics	4	1.9
Orthotics and prosthetics	1	0.5
Pediatrics	7	3.3
Pathology	1	0.5
Physiotherapy	20	9.7
Plastic/reconstructive surgery	1	0.5
Podiatry	1	0.5
Primary health care	15	7.3
Psychology/psychiatry	9	4.4
Radiation therapy	1	0.5
Speech therapy	2	0.9
Other	4	1.9
Ν	206	100.0

Specialized Equipment	Caprivi	Erongo	Hardap	Karas	Kavango	Khomas	Kunene	Ohangwena	Omaheke	Omusati	Oshana	Oshikoto	Otjozon- djupa	Total
Anesthetic equipment	0	0	1	0	0	2	0	0	0	0	0	0	0	3
Automated external defibrillator	0	0	0	0	2	1	0	0	0	0	0	0	0	3
Audiometer	0	8	0	1	0	7	0	0	0	0	0	1	0	17
Cauterizing machine/diather my machine	0	2	1	0	0	3	1	0	0	0	2	0	1	10
Cerec machine	0	1	0	0	0	2	0	0	1	0	0	0	1	5
Colonoscope	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Colposcope	0	1	0	0	0	9	1	1	0	1	3	0	1	17
CT scan	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Dialysis machine	0	1	0	0	0	0	0	0	0	0	0	0	0	1
ECG machine	3	23	3	6	3	40	1	2	2	2	11	4	14	114
Endoscope	0	0	0	1	0	1	0	0	0	0	0	0	1	3
Fundus camera/eye camera	0	3	0	0	1	10	0	0	0	0	1	1	1	17
Gastroscope	0	0	0	0	0	1	0	0	1	0	0	0	0	2
Lung function machine/spirom eter	1	5	1	1	0	7	0	0	0	0	1	2	1	19
Mammogram machine	0	0	0	0	1	0	0	0	0	0	0	0	0	1
MRI machine	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Photoropter	0	1	1	0	0	1	0	0	0	0	3	0	2	8
Suction machine	0	0	1	0	2	1	0	0	0	0	1	0	0	5
Ultrasound machine	5	17	5	6	3	41	1	2	2	3	10	5	11	111
X-ray	0	4	2	1	0	9	0	0	0	0	3	1	2	22

#### TABLE 11: NUMBER OF EACH MEDICAL EQUIPMENT AVAILABLE IN PCR FACILITIES BY REGION

# **3 PRIVATE HOSPITALS**

#### TABLE 12: NUMBER OF PRIVATE HOSPITALS BY ADMINISTRATIVE CHARACTERISTICS

	Frequency (N=18)
Health Information Reporting	
Hospitals that report any health statistics to Ministry of Health and Social Services	12
Hospitals reporting health services statistics	7
Hospitals reporting notifiable disease results	9
Hospitals reporting HIV results	4
Hospitals reporting STI results	5
Hospitals that do not report any health statistics to Ministry of Health and Social Services	5
Hosptials that do not know if they report any health statistics to Ministry of Health and Social Services	1
Payment	
Hospitals that accept medical aid schemes patients	17

#### TABLE 13: NUMBER OF PRIVATE HOSPITALS BY INFRASTRUCTURE CHARACTERISTICS

	Frequency (N=18)
Building Type	
Stand-alone building	15
Shared building with other medical business	1
Shared building with other non-medical business	1
Missing	1
Hospital Type	
Day hospital	1
Overnight hospital	9
Hospice	7
Workplace hospital	1
Capacity	
Hospitals with an operating room	7
Average number of operating rooms (per facility with an operating room)	1.6
Average number of consultation rooms per facility	4
Average number of in-patient rooms per facility	12
Average number of beds per facility	24

	Frequency (N=18)
Provision of Priority Health Services	
Facilities with emergency care	9
Facilities with ambulance service	2
Specialized Equipment	
Facilities with an autoclave	9
Facilities with an incinerator	4

#### **TABLE 14: RESPONDENT CHARACTERISTICS**

	Frequency (N=18)
Respondent Breakdown by Position	
Health administrator	6
Hospital manager	6
Matron	4
Clinical assistant	2
Training Needs*	ļ
Priority training needs identified by respondents:	
Clinical skills	11
Quality assurance systems	8
Counseling/communication skills	6
Finance/business management	1
Time management/patient flow	1

\*Note: Multiple responses allowed.

### TABLE 15: INTEREST IN IMPROVING OR EXPANDING SERVICES AND PARTNERING WITH THE PUBLIC SECTOR AMONG PHYSICIAN-STAFFED FACILITIES

	Frequency (N=18)
Service Improvements or Expansion	
Interest in improving or expanding service provision	10
No interest in improving or expanding service provision	6
Don't know if interested in improving or expanding service provision	1
Missing	1
Barriers to Service Expansion*	
Barriers identified by facilities that are interested in improving or expanding service provision: $(N=10)$	
Shortage of staff	6
Lack of funds	3
Poor recordingkeeping systems	3
Lack of provider expertise	2
Lack of clinic space	2
Shortage of equipment	2
Poor linkages with other services providers	1
Public-Private Partnerships	
Interest in partnering with the public sector to provide health services:	
Interested in partnering with public sector	10
Not interested in partnering with the public sector	5
Don't know if interested in partnering with the public sector	3

\*Note: Multiple responses allowed.

Provider	<b>F</b>			Omekska	Oshikata	Otionon diumo	Total		
Туре	Erongo	naras	Knomas	Отапеке	OSNIKOTO	Οτjozonajupa	N	%	
Enrolled nurse	40	12	9	4	1	10	76	30.3	
General practitioner *	16	0	5	0	0	12	33	13.1	
Pharmacist	3	2	3	0	0	2	10	3.9	
Pharmacy assistant	0	2	1	0	0	0	3	1.2	
Registered nurse	55	13	15	1	7	14	105	41.8	
Specialized health care provider*	10	2	4	0	1	7	24	9.6	
N	124	31	37	5	9	45	251	100.0	

#### TABLE 16: NUMBER OF PROVIDERS WORKING IN PRIVATE HOSPITAL FACILITIES BY SPECIALTY AND REGION

\*Details of the general practitioners reported in private hospitals were not collected. Specialties of the specialized health care providers were only recorded for seven providers, six of whom were general surgeons and one of whom was an anesthesiologist.

#### TABLE 17: NUMBER OF PRIVATE HOSPITAL FACILITIES OFFERING SPECIFIC HEALTH SERVICES BY REGION\*

Provider Type	Erongo	Khomas	Oshikoto	Otjozondjupa	Total (N=18)
Anesthesiology	1	0	1	0	2
Audiology	0	0	1	0	1
Blood transfusion	1	0	1	1	3
Chemotherapy	1	1	0	0	2
Counseling	0	0	1	1	2
Dialysis	1	0	0	0	1
Diabetes	1	0	0	0	1
ENT	1	0	1	0	2
Gastroenterology	1	0	1	0	2
General practice	0	0	1	1	2
General surgery	0	0	1	1	2
ICU	1	0	0	0	1
HIV counseling and testing	0	0	0	1	1
Nutritional services	0	0	1	0	1
Obstetrics and gynecology	0	0	0	1	1
Occupational therapy	0	0	1	0	1
Pediatrics	0	0	0	1	1
Pharmacy services	0	0	1	1	2
Rehabilitative services	0	1	0	0	1

\*Note: Only five hospitals reported specialized services, representing four regions.

### TABLE 18: NUMBER OF EACH MEDICAL EQUIPMENT AVAILABLE IN PRIVATE HOSPITALS BY REGION

Provider Type	Erongo	Karas	Khomas	Omaheke	Oshikoto	Otjozondjupa	(N=18)
Automated external defibrillator	2	1	2	0	1	2	8
CD4 count machine	0	1	0	0	0	0	1
Centrifuge	0	1	0	0	0	0	1
Colonoscope	2	1	0	0	0	2	5
Colposcope	2	1	0	0	0	0	3
CT scan	1	0	1	0	0	0	2
Cystoscope	1	1	0	0	0	1	3
Dialysis machine	1	0	1	0	0	0	2
ECG machine	2	1	2	1	2	2	10
ELISA/EIA scanner/reader	0	0	0	0	0	0	0
Gastroscope	2	1	1	1	0	2	7
Hematology analyzer	0	0	0	0	0	1	1
Incubator	2	1	0	1	1	2	7
Laparascope	2	1	1	0	0	1	5
MRI machine	0	0	1	0	0	0	1
PCR viral load machine	0	0	0	0	0	0	0
Phototherapy lamp	2	1	0	1	1	2	7
Ultrasound machine	2	1	1	0	2	0	6
Suction machine	1	0	0	0	0	1	2
X-ray	1	1	1	1	1	1	6



FIGURE 3: GEOGRAPHIC DISTRIBUTION OF PCRS AND PRIVATE HOSPITALS

# **4 PHARMACIES**

#### TABLE 19: PERCENTAGE OF PHARMACIES BY ADMINISTRATIVE CHARACTERISTICS

	Frequency (N=108)	%
Health Authorities Registration*		
Facilities registered with Health Professional Council of Namibia	108	100
Facilities registered with Ministry of Health and Social Services	108	100
Standard Operating Procedures*		
Pharmacies that have standard operating procedures for the following:		
Sales and dispensing of medicines	103	95.4
Administrative procedures	102	94.4
Procurement and storage of medicines	101	93.5
Security	94	87.0
Cleaning and pest control	87	80.6
Record Keeping*		
Pharmacies that keep Schedule 1 registers or prescription books:	104	96.3
Manually	6	5.5
Electronic	80	74.0
Both electronic and manually	18	16.6
Not applicable	4	3.7
Pharmacies that keep Schedule 2–4 registers or prescription books:	106	98.1
Manually	3	2.7
Electronic	70	64.8
Both electronic and manually	32	29.6
Don't know	1	0.9
Not applicable	2	1.8
Pharmacies that keep registers for three years after last date of entry	100	92.6
Pharmacies that keep prescriptions for three years after last date of entry	104	96.3
Pharmacies that keep financial documents for five years after last date of entry	102	94.4
Pharmacies that keep and have access to complete patient profile:	108	100.0
Manually	3	2.8
Electronic	88	81.4
Both electronic and manually	17	15.7
Payment		
Pharmacies that accept medical aid schemes patients	108	100.0

\*Note: Multiple responses allowed. Total percentage exceeds 100 percent.

	Frequency (N=108)	%
Building Type		
Shared building with non-medical business	58	53.6
Shared building with other medical business	33	30.6
Stand-alone building	10	9.3
Located within a private hospital	7	6.5
Availability of Private Counseling Area		
Pharmacies with a private counseling area	100	92.6
Separate room	65	65.0
Separate secluded area	21	21.0
Private dispensing booth	12	12.0
Other	1	1.0
Missing	1	1.0
Pharmacies without a private counseling area	8	7.4
Availability of Private Dispensing Area		
Pharmacies with a semi-private dispensing area	91	84.3
Pharmacies without a semi-private dispensing area	17	15.7
Availability of Private Waiting Area		
Pharmacies with a waiting area	103	95.4
Pharmacies with a waiting area far enough from the dispensing counter that conversations cannot be overheard	71	65.7
Pharmacies with a waiting area far enough from the dispensing counter that conversations can be overheard	31	28.7
Not applicable	6	5.5

#### TABLE 20: PERCENTAGE OF PHARMACIES BY INFRASTRUCTURE CHARACTERISTICS

#### **TABLE 21: RESPONDENT CHARACTERISTICS**

	Frequency (N=108)	%
Respondent Breakdown by Position		
Pharmacist	46	42.6
Owner	24	22.2
Administration manager	13	12.0
Managing pharmacist	13	12.0
Pharmacy assistant	7	6.5
Pharmacist intern	2	1.9
Other	3	2.8
Professional Association Affiliation*		
Facilities affiliated with the following associations:		
HIV Clinician's Society	7	6.5

Pharmaceutical Society of Namibia	103	95.4
Training Needs*		
Priority training needs identified by respondents:		
Counseling/communication skills	51	47.2
Clinical skills	50	46.3
Time management/patient flow	26	24.0
Quality assurance systems	17	15.7
Finance/business management	11	10.2

\*Note: Multiple responses allowed. Total percentage exceeds 100%.

### TABLE 22: INTEREST IN IMPROVING OR EXPANDING SERVICES AND PARTNERING WITH THE PUBLIC SECTOR

	Frequency (N=108)	%
Service Improvements or Expansion		
Interest in improving or expanding service provision	84	77.7
No interest in improving or expanding service provision	15	13.8
Don't know if interested in improving or expanding service provision	8	7.4
Missing	1	0.9
Barriers to Service Expansion*		
Barriers identified by facilities that are interested in improving or expanding their service provision: (N=84)		
Lack of clinic space	47	55.9
Shortage of staff	32	38.1
Lack of funds	22	26.1
Lack of provider expertise	11	13.1
Shortage of equipment	9	10.7
Poor linkages with other service providers	4	4.7
Poor record-keeping systems	2	2.4
Accreditation policies/processes	1	1.2
Other	4	4.7
None	4	4.7
Public-Private Partnerships		
Interest in partnering with the public sector to provide health services:		
Interested in partnering with public sector	88	81.4
Not interested in partnering with the public sector	7	6.4
Don't know if interested in partnering with the public sector	13	12.0

\*Note: Multiple responses allowed. Total percentage exceeds 100 percent.

			Hardap		Kavango	Khomas		Ohang-		_			Otiozon-	Total	
Service	Caprivi	Erongo		Karas			Kunene	wena	Omaheke	Omusati	Oshana	Oshikoto	djupa	Ν	%
Blood pressure monitoring	2	14	4	1	3	39	1	3	0	4	9	3	8	91	84.3
Glucose screening	2	12	2	1	2	27	0	2	0	4	9	3	6	70	64.8
HIV testing	1	5	0	0	0	8	1	1	0	0	2	1	3	22	20.4
HIV counseling services	1	9	3	0	1	20	1	4	0	2	7	1	5	54	50.0
Cholesterol screening	0	10	1	1	1	18	0	1	0	3	2	1	4	42	38.9
Family planning counseling services	2	11	3	0	1	25	0	4	1	3	11	2	5	68	63.0
Immunizations	1	8	1	0	0	7	1	2	0	0	1	2	2	25	23.2
Other	0	1	0	0	0	0	0	0	0	0	1	0	0	2	1.9

#### TABLE 23: NUMBER OF PHARMACIES OFFERING SPECIFIC HEALTH SERVICES BY REGION

HIV	Caprivi	Erongo	Hardap	Karas	Kavango	Khomas	Kunene	Ohang-	Omaheke	Omusati	i Oshana	Oshikoto	Otjozondj-	Total	
SERVICES	-							wena					ира	Ν	%
HIV rapid test kits	1	14	1	1	2	30	1	4	1	4	9	3	6	77	71.3
FP PRODUCTS															
Combination pills	2	17	5	2	3	44	1	4	1	4	13	3	8	107	99.1
Emergency contraception	2	16	5	2	3	44	1	4	1	4	13	2	7	104	96.3
Female condom	0	8	1	2	0	21	0	2	1	0	7	1	4	47	43.5
Injectable contraceptive	2	16	3	2	2	37	1	4	1	3	9	2	7	89	82.4
Male condom	2	16	4	2	2	44	1	4	1	4	13	2	8	103	95.4
Progestin- only pills	2	15	5	2	3	42	1	3	1	4	11	3	8	100	92.6

#### TABLE 24: PHARMACIES THAT CARRY HIV TEST KITS AND FAMILY PLANNING PRODUCTS BY REGION

Specialized	Courts d	<b>F</b>	Lloudou	Karas	Kavango	Khomen	<b>V</b>	Ohang-	Omehaka	Omeranti	Osh	Oshikoto	Otjozo-	т	otal
Equipment	Caprivi	Erongo	i la uap			MIOMAS	Nunene	wena	Omaneke	Omusati	ana	OSNIKOto	ndjupa	N	%
Biohazard (chemical and pharmaceutical waste) bin	0	15	2	2	2	25	1	3	0	3	7	3	5	68	63.0
Compounding area with equipment (scale, mortar & pestle, tile, measuring cylinders)	2	17	5	2	3	45	1	4	1	4	13	3	8	108	100.0
Emergency trolley	0	4	0	1	0	7	0	0	1	0	4	2	3	22	20.4
Equipped private consultation area (with blood pressure meter, etc.)	2	16	4	2	3	36	1	4	1	4	10	3	8	94	87.0
Equipped private consultation area and clinic (vaccinations, baby clinic, etc.)	1	10	1	1	0	14	1	2	0	2	4	2	5	43	39.8
Fridge, separate from fridge in the kitchen	2	17	4	2	3	45	1	4	1	4	12	3	8	106	98.1
Locked safe with schedule register	2	17	5	2	3	43	1	3	1	4	11	2	8	102	94.4
Sharps bin (bin for needles that were used)	2	13	3	1	2	31	1	3	0	3	7	2	6	74	68.5
Sink to clean equipment (with hot and cold water), separate from kitchen sink	2	17	5	2	3	45	1	4	1	4	13	3	8	108	100.0
Storage for keeping records	2	17	5	2	3	42	1	4	1	4	12	3	8	104	96.3

#### TABLE 25: NUMBER OF EACH MEDICAL EQUIPMENT AVAILABLE IN PHARMACY FACILITIES BY REGION



FIGURE 4: GEOGRAPHIC DISTRIBUTION OF PHARMACIES

## **5 PATHOLOGY LABORATORIES**

Provider Type	Caprivi	Erongo	Hardap	Karas	Kavango	Khomas	Kunen e	Ohangwena	Omaheke	Omusati	Oshana	Oshikoto	Otjozo- ndjupa	(N=29)
Medical scientist	2	5	0	0	0	18	0	0	1	0	6	0	6	38
Medical technician	0	0	0	0	1	5	0	0	0	0	2	1	0	9
Nurses	0	4	5	0	0	11	0	0	0	0	4	1	2	27
Student lab assistants	0	2	0	0	1	9	0	0	0	0	3	0	2	17
Student medical technicians	0	3	0	0	0	19	0	0	0	0	1	0	2	25
Pathologists	0	2	0	0	0	5	0	0	0	0	0	0	0	7

#### TABLE 26: NUMBER OF PROVIDERS WORKING IN PATHOLOGY LABORATORY FACILITIES BY SPECIALTY AND REGION

#### TABLE 27: NUMBER OF PATHOLOGY LABORATORIES OFFERING SPECIFIC HEALTH SERVICES

	Average	N
Tests Conducted at Labs		
HIV tests conducted in the past 12 months	707	9
TB tests conducted in the past 12 months	765	7

#### TABLE 28: NUMBER OF EACH MEDICAL EQUIPMENT AVAILABLE IN PATHOLOGY LABORATORY FACILITIES

	Frequency (N=29)
Specialized Equipment	
Chemistry analyzers	25
Haematology analyzers	24
Immunology analyzers	14
Coagulation analyzers	10
Microbiology analyzers	8
ELISA readers	4
Chemiluminescent analyzers	3
Tissue processors	2
Blood gas analyzers	1
Staff Type	
Staff working in labs by type:	
Medical scientist	38
Nurses	27
Student medical technicians	25
Student lab assistants	17
Medical technician	9
Pathologists	7

## **6 RADIOLOGY LABORATORIES**

#### TABLE 29: NUMBER OF PROVIDERS WORKING IN RADIOLOGY LABORATORY FACILITIES BY SPECIALTY AND REGION

Provider Type	Caprivi	Erongo	Hardap	Karas	Kavango	Khomas	Kunene	Ohangwena	Omaheke	Omusati	Oshana	Oshikoto	Otjozondjupa	N
Nurses	0	0	0	0	0	1	0	0	0	0	0	0	0	1
Radiology staff <sup>8</sup>	0	9	0	0	3	22	0	0	1	0	1	0	2	38

<sup>&</sup>lt;sup>8</sup> Includes radiologists, radiographers, and radiology assistants.

### TABLE 30: NUMBER OF EACH MEDICAL EQUIPMENT AVAILABLE IN RADIOLOGY LABORATORY FACILITIES

	Frequency (N=19)
Specialized Equipment	
X-rays	16
Ultrasound machine	14
Mammogram machine	9
CT scanner	8
MRI machine	4
ECG machine	2
Staff Type	
Radiology Staff	38
Nurses	1

## 7 AMBULANCE SERVICES

Provider Type	Caprivi	Erongo	Hardap	Karas	Kavango	Khomas	Kunene	Ohangwena	Omaheke	Omusati	Oshana	Oshikoto	Otjozondjupa	N
Flight doctor	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Flight nurse	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Paramedic	0	17	0	0	0	33	0	0	0	0	6	2	3	61
Trauma nurse	0	0	0	0	0	5	0	0	0	0	0	0	0	5

#### TABLE 31: NUMBER OF PROVIDERS WORKING IN AMBULANCE SERVICES BY SPECIALTY AND REGION

#### TABLE 32: NUMBER OF AMBULANCE SERVICES BY INFRASTRUCTURE CHARACTERISTICS

	Frequency (N=11)
Fleet	
Ground transportation vehicles	24
Ambulance services reporting air transport capability	2
Specialized Equipment	
Portable suction unit	10
AED defibrillator	9
ECG monitor	9
Extrication device	9
Oxygen cylinder/tank	9
Fixed suction unit	7
Infant incubator	4

#### TABLE 33: RESPONDENT CHARACTERISTICS

	Frequency (N=11)
Staff Type	
Paramedic	61
Trauma nurse	5
Flight doctor	0
Flight nurse	0
Collaboration with Public Sector	
Ambulance services providing transport for patients from public facilities to private facilities:	
Provides transport from public facilities	8
Does not provide transport from public facilities	2
Missing	1



#### FIGURE 5: GEOGRAPHIC DISTRIBUTION OF PATHOLOGY LABORATORIES, RADIOLOGY LABORATORIES, AND AMBULANCE SERVICES

# **8 MOBILE CLINICS**

#### TABLE 34: NUMBER OF MOBILE CLINICS BY ADMINISTRATIVE CHARACTERISTICS

	Frequency (N=5)
Health Authorities Registration	
Number of mobile clinics that are registered with the Ministry of Health and Social Services	5
Payment	
Of all patients attending mobile clinics, proportion that pay the following prices:	
Full price	56 %
Partial price	28%
No fee	16%

#### TABLE 35: NUMBER OF MOBILE CLINICS BY INFRASTRUCTURE CHARACTERISTICS

	Frequency (N=5)
Provision of Priority Health Services	
Mobile clinics offering the following services:	
HIV counseling and testing	4
Primary health care	4
STI services	4
Wellness	4
Mobile clinics offering the following primary health services:	
Chronic disease testing, retreatment, or referral	4
Communicable disease diagnosis and treatment	4
Minor illness care	4
Family planning counseling	3
TB screening	3
Family planning commodities	1
Immunizations	1
Maternal and child health services	1
Mobile clinics providing referrals for the following chronic diseases:	
Diabetes	5
High cholesterol	5
Hypertension	5
Arthritis	3
Asthma	2

Respondent Breakdown by Position2Operations manager2Wellness coordinator1Program manager1Training officer1Clinic Manager Type1Registered nurse5Service Improvements or Expansion5Interest in improving or expanding service provision5Barriers to Service Expansion*3Barriers identified by facilities that are interested in improving or expanding service provision:3Lack of funds3Shortage of equipment3Shortage of staff2Accreditation policies/processes1Poor record-keeping systems1Public-Private Partnerships5Facilities interested in partnering with the public sector to provide health services3Staff Type1Nurses35Doctors2Enrolled nurses2Lab technicians1Virses2Lab technicians1Virses35Doctors2Lab technicians1Virses2Lab technicians1Virses2Lab technicians1Virses3Doctors2Lab technicians1Virses3Doctors2Lab technicians1Virses3Doctors2Lab technicians1Virses2Lab technicians1Virs		Frequency (N=5)
Operations manager2Wellness coordinator1Program manager1Training officer1Clinic Manager Type1Registered nurse5Service Improvements or Expansion5Interest in improving or expanding service provision5Barriers to Service Expansion*5Barriers to Service Expansion*3Shortage of equipment3Shortage of staff2Accreditation policies/processes1Poor record-keeping systems1Public-Private Partnerships3Facilities interested in partnering with the public sector to provide health services3Staff Type35Doctors2Enrolled nurses2Lab technicians1Viewein35Determine35Determine35Doctors2Lab technicians1Viewein2Viewein35Determine35Determine35Determine35Determine35Determine35Determine35Determine35Determine35Determine35Determine35Determine35Determine35Determine35Determine35Determine35Determine35Determine35Determine35Determine3	Respondent Breakdown by Position	
Wellness coordinator1Program manager1Training officer1Clinic Manager Type5Registered nurse5Service Improvements or Expansion5Interest in improving or expanding service provision5Barriers to Service Expansion*3Barriers identified by facilities that are interested in improving or expanding service provision:3Lack of funds3Shortage of equipment3Shortage of staff2Accreditation policies/processes1Poor record-keeping systems1Public-Private Partnerships3Facilities interested in partnering with the public sector to provide health services3Staff Type2Nurses35Doctors2Enrolled nurses2Lab technicians1Virtue Partnerships2Enrolled nurses2Lab technicians1Public-Private Partnerships2Staff Type35Staff Type35Staff Type2Staff Type2Staff Type35Staff Type <td< td=""><td>Operations manager</td><td>2</td></td<>	Operations manager	2
Program manager1Training officer1Clinic Manager Type5Registered nurse5Service Improvements or Expansion5Interest in improving or expanding service provision5Barriers to Service Expansion*5Barriers identified by facilities that are interested in improving or expanding service provision:3Lack of funds3Shortage of equipment3Shortage of staff2Accreditation policies/processes1Poor record-keeping systems1Public-Private Partnerships3Facilities interested in partnering with the public sector to provide health services3Staff Type1Nurses35Doctors2Lab technicians1Accelians1	Wellness coordinator	1
Training officer1Clinic Manager Type5Registered nurse5Service Improvements or Expansion1Interest in improving or expanding service provision5Barriers to Service Expansion*5Barriers identified by facilities that are interested in improving or expanding service provision:3Lack of funds3Shortage of equipment3Shortage of staff2Accreditation policies/processes1Poor record-keeping systems1Public-Private Partnerships3Facilities interested in partnering with the public sector to provide health services3Staff Type1Nurses35Doctors2Lab technicians1Accenditions1	Program manager	1
Clinic Manager TypeIRegistered nurse5Service Improvements or Expansion5Barriers to Service Expansion*5Barriers to Service Expansion*1Barriers identified by facilities that are interested in improving or expanding service provision:3Lack of funds3Shortage of equipment3Shortage of staff2Accreditation policies/processes1Poor record-keeping systems1Facilities interested in partnering with the public sector to provide health services3Staff Type35Nurses35Doctors2Lab technicians2Lab technicians1Acreenticians1Acreenticians1Acreenticians3Acreentician	Training officer	1
Registered nurse5Service Improvements or Expansion5Barriers ti improving or expanding service provision5Barriers to Service Expansion*6Barriers identified by facilities that are interested in improving or expanding service provision:3Lack of funds3Shortage of equipment3Shortage of staff2Accreditation policies/processes1Poor record-keeping systems1Public-Private Partnerships3Staff Type35Nurses35Doctors2Lab technicians1Constant1	Clinic Manager Type	
Service Improvements or Expansion5Interest in improving or expanding service provision5Barriers to Service Expansion*1Barriers identified by facilities that are interested in improving or expanding service provision:3Lack of funds3Shortage of equipment3Shortage of staff2Accreditation policies/processes1Poor record-keeping systems1Public-Private Partnerships3Facilities interested in partnering with the public sector to provide health services3Staff Type35Nurses35Doctors2Enrolled nurses2Lab technicians1	Registered nurse	5
Interest in improving or expanding service provision5Barriers to Service Expansion*Improving or expanding service provision:Barriers identified by facilities that are interested in improving or expanding service provision:3Lack of funds3Shortage of equipment3Shortage of staff2Accreditation policies/processes1Poor record-keeping systems1Public-Private Partnerships3Facilities interested in partnering with the public sector to provide health services3Staff Type1Nurses35Doctors2Enrolled nurses2Lab technicians1	Service Improvements or Expansion	
Barriers to Service Expansion*Image: Image: Ima	Interest in improving or expanding service provision	5
Barriers identified by facilities that are interested in improving or expanding service provision:3Lack of funds3Shortage of equipment3Shortage of staff2Accreditation policies/processes1Poor record-keeping systems1Public-Private Partnerships1Facilities interested in partnering with the public sector to provide health services3Staff Type1Nurses35Doctors2Enrolled nurses2Lab technicians1	Barriers to Service Expansion*	
Lack of funds3Shortage of equipment3Shortage of staff2Accreditation policies/processes1Poor record-keeping systems1Public-Private Partnerships1Facilities interested in partnering with the public sector to provide health services3Staff Type1Nurses35Doctors2Enrolled nurses2Lab technicians1	Barriers identified by facilities that are interested in improving or expanding service provision:	
Shortage of equipment3Shortage of staff2Accreditation policies/processes1Poor record-keeping systems1Public-Private Partnerships3Facilities interested in partnering with the public sector to provide health services3Staff Type35Nurses35Doctors2Enrolled nurses2Lab technicians1	Lack of funds	3
Shortage of staff2Accreditation policies/processes1Poor record-keeping systems1Public-Private Partnerships1Facilities interested in partnering with the public sector to provide health services3Staff Type1Nurses35Doctors2Enrolled nurses2Lab technicians1	Shortage of equipment	3
Accreditation policies/processes1Poor record-keeping systems1Public-Private PartnershipsIFacilities interested in partnering with the public sector to provide health services3Staff Type35Nurses35Doctors2Enrolled nurses2Lab technicians1	Shortage of staff	2
Poor record-keeping systems1Public-Private PartnershipsFacilities interested in partnering with the public sector to provide health services3Staff TypeNurses35Doctors2Enrolled nurses2Lab technicians1	Accreditation policies/processes	1
Public-Private PartnershipsImage: color base in the public sector to provide health servicesFacilities interested in partnering with the public sector to provide health services3Staff TypeImage: color base in the public sector to provide health servicesNurses35Doctors2Enrolled nurses2Lab technicians1	Poor record-keeping systems	1
Facilities interested in partnering with the public sector to provide health services3Staff Type1Nurses35Doctors2Enrolled nurses2Lab technicians1	Public-Private Partnerships	
Staff TypeNurses35Doctors2Enrolled nurses2Lab technicians1	Facilities interested in partnering with the public sector to provide health services	3
Nurses35Doctors2Enrolled nurses2Lab technicians1	Staff Type	
Doctors2Enrolled nurses2Lab technicians1	Nurses	35
Enrolled nurses 2   Lab technicians 1	Doctors	2
Lab technicians 1	Enrolled nurses	2
	Lab technicians	1
Other 7	Other	7

#### TABLE 36: RESPONDENT CHARACTERISTICS AND PROVIDER TYPES

\*Note: Multiple responses allowed.

# 9 MEDICAL SUPPLIERS

#### TABLE 37: NUMBER OF MEDICAL SUPPLIERS BY ADMINISTRATIVE CHARACTERISTICS

	Frequency (N=5)
Health Authorities Registration	
Facilities registered with Health Professional Council of Namibia	1
Facilities registered with Ministry of Health and Social Services	5
Facilities registered with Namibia Medical Regulatory Council	1

### TABLE 38: NUMBER OF MEDICAL SUPPLIERS BY RESPONDENT CHARACTERISTICS AND PROVIDER TYPES

	Frequency (N=5)
Training Needs*	
Priority training needs identified by respondents:	
Time management	3
Communication skills	2
Finance/business management	1
Service Improvements or Expansion	
Facilities interested in improving or expanding service provision	4
Barriers to Service Expansion*	
Barriers identified by facilities that are interested in improving or expanding service provision:	
Lack of clinic space	2
Lack of funds	2
Shortage of staff	2
Government price regulation	1
Lack of clients	1
Shortage of stock	1
Training	
Respondents interested in receiving training	3
Public-Private Partnerships	
Facilities interested in partnering with the public sector to provide health services:	5
Staff Type	
Staff working for medical suppliers by type:	
Pharmacists	12
Pharmacy assistants	2
Quality controllers	2

	Frequency (N=5)
Clinical technicians	1
Nurse practitioners	1
Nurse providers	1
Paramedics	1

\*Note: Multiple responses allowed.