



Namibia Anglican Community Development Organization (NACDO)

2018 Annual Report

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Acronyms

AAP	Anglican AIDS Programme
ACD	Active Case Detection
ACSA	Anglican Church of Southern Africa
BftW	Bread for the World
CHWs	Community Health Workers
CMVs	Community Malaria Volunteers
DMC	Diocesan Management Committee
DoP	Director of Programmes
ERD	Episcopal Relief & Development
FWs	Field Workers
HHs	Households
JCFF	JC Flowers Foundation
LLIN	Long Lasting Insecticide Nets
MoHSS	Ministry of Health and Social Services
NACDO	Namibia Anglican Community Development Organization
SBCC	Social Behavior Communication Change
SwE	Savings with Education
TKMI	Trans Kunene Malaria Initiative

About the Anglican AIDS Programme (AAP) Now NACDO

The Anglican AIDS Programme (AAP) was founded and launched in 2002 as a part of the Anglican Diocese of Namibia 's response to the HIV/AIDS endemic in Namibia. This happened when the then Rt Revd. Bishop Shihala Hamupembe recognized that the Anglican Church, like its denominational partners, had a unique opportunity to assist in the fight against HIV/AIDS.

In April 2003, the Province of the Anglican Church of Southern Africa (ACSA), which covers countries such as South Africa, Namibia, Angola, Swaziland, Lesotho, Mozambique and the Island of St Helena, launched its Provincial strategy for HIV/AIDS. This was accompanied by funding through DFID (UK) and was called the ISISEKO SOKOMOLEZA Programme. Every diocese in the Province (including Namibia) benefited from the funding.

The Diocese of Namibia through its AAP pledged to uphold the Vision set by the Provincial Church, that *“We, the Anglican Church in Namibia pledge ourselves to the promise that future generations will be born and live in countries free of AIDS, through our parishes and with other partners through our mission of leadership, care, prevention, pastoral care, counseling and our response to death and dying”*.

Over the years AAP grew and expanded its work outside the HIV/AIDS scope. This Growth came with an increased number of partners, increased workforce and focused areas of operation. AAP is now operational in the 4 O regions (Ohangwena, Omusati, Oshana and Oshikoto).

In order to have a true reflection of its current work, AAP was renamed to Namibia Anglican Community Development Organization (NACDO) towards the end of 2018, a new name which encompasses all its current and future projects. NACDO is currently implementing four projects: Savings with Education (sustainability and development), Trans Kunene Malaria Initiative, Elimination 8 and Food Security for rural communities which only started in November 2018.

This annual report will therefore cover work for 2018 for three projects (Savings with Education (sustainability and development), Trans Kunene Malaria Initiative and Elimination 8).

The Mission

NACDO's mission is to collaborate with other agencies, organizations and individuals at local, national and international levels in order to assist individuals reach their full potential in mind, body and spirit holistically; assist end diseases like HIV/AIDS, TB and Malaria as well as assist to eradicate hunger and poverty.

The Vision

NACDO's vision is derived from the Anglican vision and promise that: future generations will be born and live in countries free from preventable diseases, poverty, inequality, and all other social ills. Therefore, we commit ourselves to breaking the silence, educating ourselves, confront poverty, end stigma, build capacity, provide leadership, skills, care, prevention, counselling, providing better livelihood and improving quality of life in the communities we serve.

The Core Values

- 1) Faith and hope
- 2) Individual full potential
- 3) None-Discrimination
- 4) Respect of individual's dignity, values, history and religion
- 5) Fairness, transparency and accountability

The Objectives

- 1) To promote community-based health care by fighting preventable diseases such as HIV/AIDS, Malaria, and TB.
- 2) To empower vulnerable groups in communities (women, children) through income generation and food security projects.
- 3) To network with similar organizations and share best practices in securing local, regional and international commitment to address and combat social, economic and developmental issues in a comprehensive manner.
- 4) To mobilize, support and assist local communities in the identification and handling of social and spiritual problems at a community level by establishing community-based care groups and the encouragement of sustainable community development.
- 5) To complement government efforts to eliminate Malaria by 2022, through cross border (Namibia / Angola) Malaria activities.
- 6) To encourage open discussions and teaching on social issues within the Anglican Church and other Anglican organizations.
- 7) To contribute towards a healthy and safe community to identify social and spiritual problems through the establishment of community-based groups and encouragement of sustainable community development.
- 8) To contribute towards a caring and supportive environment for both children and adults, through community care groups which addresses positive parenting skills, drug abuse and gender-based violence.
- 9) To assist the Anglican Church and other Anglican organizations establish open discussion and teaching sessions on social issues.

EXECUTIVE SUMMARY

NACDO is the community development section of the Anglican Diocese of Namibia that provides various services in the community to address social, health and developmental issues. With about 16 years of service to the communities in Namibia, NACDO has operated in other regions before but currently operates in four regions respectively in Oshana, Oshikoto, Omusati, Ohangwena covering 15 constituencies in total.

The year 2018 have been an important year for NACDO. It is vital to highlight that the period witnessed a lot of Organizational changes, Management structure, operation and implementation of various projects. After 15 years of service to NACDO, the then Director of Programmes Mrs. Jackie Park retired. To ensure stability and continuation, J.C. Flower Foundation who currently fund the Trans Kunene Malaria Initiative (TKMI) seconded their Technical Adviser to support NACDO through this transition period at the request of Right Rev. Bishop Luke Pato. Dr Gertrude Anyango Wafula took over this leadership responsibility from May 2017 to 1st October 2018 before handing over to Mr. Stefanus Nangombe the current NACDO Director.

The period witnessed, relocation of offices in the North to accommodate expansion of projects and improve work environment, re-establishment of the NACDO governing board, the Diocesan management committee, who were very instrumental in the recruitment process of the new Director, revival of the constitution, initiation of name change and seeking legality of NACDO as a welfare organization. The team of 9 including the Bishop as a chair will now spearhead the directive and advisory role to the newly appointed Director who also joins them as a secretary to this board. The consultation processes led to the establishment of NACDO. Change is a process and NACDO will continue to evolve under the new leadership.

NACDO is delivering four different programs, two in Malaria, one in Income Generation and the last one in Food Security and Sustainable Development. 2018 also witnessed the winding up of a 3-year Malaria grant that NACDO delivered as a sub- sub- recipient under the MoHSS funded by the Global Fund. Over this period, NACDO expanded with a work force of over 400 employees including field staff (permanent and part-time). There are over 300 volunteers (foot soldiers) across the Malaria projects in the communities we serve. Due to the nature of grants we operate with, the attrition rate of staff has been high as they are donor dependent.

Every day new steps are taken to create development and improve the lives of all citizens through the work AAP does and the Anglican Church is proud to be making its contribution. During this period, the Savings with Education Initiative expanded with 47 more groups, with a revenue of over 3 Million in community savings and loans. The TKMI project conducted 8 Community dialogue sessions reaching over 237 people. The one to one monitoring visits reached over 6700 households with SBCC. Over 119 villages benefited from the 26,000 LLIN

and 2 maternity hospitals in both Ohangwena and Omusati regions, getting 200 LLIN each. A total of 10 schools with over 2000 pupils were reached with SBCC, and various community event were conducted in collaboration with the MoHSS, E 8 and Angola partners. The period witnessed more coverage of Malaria activities through E8. Responding to local Malaria outbreak in Okongo, the NACDO E8 team treated over 318 water bodies in over 16 villages and tested 24 295 people, with 69 positive cases identified and treated. The cases and Epidemiology of Malaria in Ohangwena have changed due to the work from the NACDO mobile and surveillance teams supporting the MoHSS with Malaria cases. During this period, NACDO also secured a new project in Food security as a two-year pilot.

The NACDO work and projects continue to expand in size and scope despite economic challenges, so we are proud of our achievements so far. NACDO will continue pioneering the community social and developmental needs. As a part of the same effort to bring development to rural areas, NACDO under the new directorship will ensure work with the DMC to expanded, help prevent the disease and improve the rural livelihood, adhering to the Anglican church values and core ethos of NACDO. We are proud of all we have achieved in 2018 together with our partners in development; humble but optimistic in the face of the challenges ahead. We call upon all our current and new partners to work with renewed efforts. NADCO remain committed to staying in the forefront of the battle for quality of life in rural and suburban communities in Namibia.

By Dr Gertrude Wafula (Interim Director of Programmes March 2017-September 2018)

PROJECTS

1. Savings with Education initiative (SWE)

Funded by the Episcopal Relief & Development, this initiative engages communities in micro saving schemes to help reduce burden of employment and alleviate poverty amongst community members. The Initiative operates in 4 northern regions: Oshikoto, Ohangwena, Oshana and Omusati. SwE train and build capacity among community members in order to form up Savings Groups. The Savings Groups will then save money on a weekly basis and distribute over a period of 12 months. All benefits involved in the Savings Groups are for the group members and NACDO has no say or decision over such benefits.

Table 1: Summary of Group figures

#	Item Description	Figures
1	Total number of active saving groups	116
2	Number of active group members	2648
3	Number of women	2121
4	Number of men	527
5	Total amount of group funds (N\$) raised up to 2018	3,166,244.50

1.1 Accomplishments

- 1) The total amount of savings for all groups thus far is: **N\$ 3,166,244.50 (USD 251,289.24)**
- 2) The total amount of loans value that has been dispersed so far is: **N\$ 1,428 743 (USD 113 392.30).**
- 3) The demand and need for the groups continue to grows.
- 4) Management Committee training - 134 community management committee members were trained from 36 saving groups.
- 5) Men have also embraced the project and are almost a ¼ of the membership.

1.2 More Groups demand

Eleven support groups in Ohangwena region under the Tonata Network of Support groups that receive community based RVTs reliefs at Odibo health center are requesting for savings groups. The mapping of the area is yet to be done as there are only 2 facilitators in that area. There are also two potential groups in Oshikoto region.

1.3 Program challenges and needs arising from the field

- 1) Some community members have raised their other needs such as mosquito nets. Malaria affects reporting as some members get sick and cannot participate in meetings.
- 2) Field Facilitators travel long distances due to a high demand from other communities wanting to start Savings Groups. There is need for transport allowance for Field

Facilitators to be able to reach out to the communities and facilitate the formation of new savings groups. Some villages have no Facilitators yet in need of saving groups and therefore Facilitators from near villages volunteer to assist with the formation of new Saving Groups.

- 3) There is a high demand for more Savings Groups in different communities.
- 4) Facilitation of the health and sustainable living topics need to be strengthened. Information on health and sustainable topics need to be updated as the current information is outdated. There is also a need for leaflets with simplified entrepreneurial topics for the group members to learn on their own.
- 5) The rain season has a negative effect on some groups especially those who meet under trees as they will be unable to meet when it is raining.
- 6) Some group members did not accept the health and sustainable living topics as it was indicated in the 2018 work plan although the Facilitator tried to encourage them by highlighting what the benefits of such topics are.
- 7) For those whose livelihood are depending on farming, January to July is the time they are mostly busy working in their Mahangu fields and looking after domestic animals. Priority is therefore given to their Mahangu fields and they would only start with the Savings Groups after harvesting.



This picture shows a Savings Group session counting mone

Table 2: Summary of Participants and Beneficiaries

Year	Total # of Participants	Total # of Indirect Beneficiaries
Actuals for 2016	481 active SwE Group Members (24% men / 76% women)	2861 Family members of group members
Actuals for 2017	848 active SwE group members (24% men / 76 % women)	4682 Family members of group members
Actuals for 2018	2648 Active SwE group member (20% men /80%women)	13240 Family members of group members

Table 3: # of areas covered

Locations	2016	2017	2018
Number of Regions	4	4	4
Number of Constituencies	8	12	15
Number of Communities	51	70	49

Table 4: Human Capital and group figures

Category	2016	2017	2018
# of Supervisors	3	3	3
# of Facilitators trained	21	9	0
# of Facilitators actively facilitated groups	21	26	27
# of groups formed	36	26	52
# of groups formed from mixed community volunteers e.g., Home based Care groups, Support groups, Malaria Agents, and other community members	35	37	52
# of groups formed from existing AAP Malaria Agents & community members	1	0	0
# of groups Members	481	848	2648
# of women participating in saving groups	363	642	766
# of men participating in saving groups	118	206	171

1.4 Notable additional unplanned output

- 1) Two Facilitators formed three Savings Groups in Angola although their operational geographical coverage is Namibia.
- 2) More groups were formed out of the 2018 Expansion.
- 3) Some Savings Groups does additional project activities to generate money for their group fund e.g. cultivate Mahangu fields.
- 4) One facilitator who was put on hold at the beginning of 2017 for not performing surprised the initiative when she formed a very active group that saved up to N\$ 21 718.00 in 17 weeks and disbursed the value of N\$ 7 000.00 to 7 members

2. Trans Kunene Malaria Initiative (TKMI)

Funded by the J.C. Flowers Foundation, The Trans Kunene Malaria Initiative (TKMI) is a cross border collaboration of Malaria activities between the governments of Angola and Namibia. The main aim has been to assist the Ministry of Health and Social Services (MoHSS) in compacting and eliminating Malaria as per the Malaria Elimination vision of 2022.

TKMI makes use of community Malaria Volunteers (CMVs) and Field workers (FWs) who provide informative education on Malaria prevention and net usage as well as to assist with the mass distribution of LLINS in areas of operation.

NACDO has been implementing the Cross-Border Malaria Initiative (TKMI) project since 2011. The Project is currently being implemented in the two northern regions: Omusati and Ohangwena. Covering 2 constituencies in Ohangwena: Ongenga and Oshikango, and equally 2 constituencies in Omusati which are Etayi and Outapi within 119 villages across all the two Regions.

Continuous activities such as sensitizing the communities with Malaria SBCC messages, house to house visits, nets (Long- Lasting Treated Nets -LLIN) monitoring, hosting community meetings and community dialogue meetings with the help of 256 CMVs and 25 Fieldworkers within the areas of operation. During 2018, TKMI conducted school Malaria awareness campaigns in 10 Primary schools targeting primary school learners. In 2018, TKMI received 26,000 LLTNs from the JC Flower Foundation.

NACDO and Communities being served appreciated and showed their gratitude to the J.C. Flowers Foundation for responding to their needs, and by meeting the government halfway as it was a popular request from communities to have nets.

Project staff members have been busy to complete all activities as planned for the year, despite various challenges. The following table outlining 2018 activities:

2.1 Bicycles distribution (incentives to fieldworkers)

TKMI project distributed a total of 15 bicycles for fieldworkers in all 4 constituencies (Etayi, Outapi, Ohangwena and Oshikango). Bicycles were given due to long distances walked by Fieldworker from village to villages as there is no transport in some villages. These bicycles help to cut distances that fieldworkers use to walk. Bicycles were only given to the fieldworkers who know how to ride.

Bicycles remain properties of NADCO-TKMI, thus it shall be used as a source of transport by only TKMI Fieldworkers/CMV's. It should be well taken care of in terms of maintenance and the fieldworkers should take full responsibility of any minor repair to be done on it.



Picture 1: Transportation and Distribution of Bicycles



Picture 2: Some Fieldworkers with their bicycles

2.2 Monthly house to house visits and report collection

Community Malaria Volunteers (CMVs) conducted house to house visits continuously providing Malaria education to the targeted households (within the TKMI operational areas). They also monitor the use of nets and provide referral forms to people who show signs and symptoms of Malaria to their nearest clinics/ health Centre. The fieldworkers supported the CMVs monthly supervision to CMVs as well as reviewing and collecting reports from CMVs to make sure they have collected quality data from the communities.

The core staff have been responsible for reports collection from the fieldworkers every first week of every month and verify the CMVs house to house report forms as well as the overall summary reports that is compiled by the fieldworkers to make sure all are correct before reaching the Office.

2.3 Fieldworkers Households visits and nets monitoring

During 2018, fieldworkers visited households continuously to provide informative education, monitoring the usage of nets and refer people who show signs and symptoms of Malaria to their nearest clinics/ health centers. They also conducted educational sessions to patients at the nearby clinics.

Table 6: Data collected by Fieldworkers

Regions	Constituencies	No of villages visited	No of HH's visited	No of nets reported hug and in use
Omusati	Outapi	39	1381	4173
	Etayi	31	1363	3146
	Total	70	2744	7319
Ohangwena	Oshikango	8	344	795
	Ongenga	41	1391	3252
	Total	49	1735	4047

2.4 Nets Donation Launch and Distribution

NACDO was fortunate to receive a donation of 26,000 nets from the Isdel Flowers Cross Border Malaria Initiative. The official launch of the LLINs took place in Ohangwena Region at Ongenga constituency office. The Right Rev. Bishop Luke L. Pato and Rebecca Vander Meulen (Director of J.C. Flowers Foundation) officially handed over a donation of 400 nets to 2 district hospitals. The 2 district hospitals are Outapi and Engela and the nets are specifically for the maternity and children wards. Each district hospital received 200 nets. Bishop Luke Pato of the Anglican Diocese of Namibia thanked both the government and the J.C. Flowers Foundations for the support and efforts put in Malaria elimination.

Special thanks were given to the Malaria community volunteers for their efforts toward Malaria elimination in the communities. Rebecca's message to the community was that everyone needs

to take part in Malaria elimination and the nets should be in use but should not be miss-used for other purposes.

A distribution point at Omahanyu Center in Etayi Constituency where distribution was being conducted on the same day of the launch was visited. The Engela district hospital in Ohangwena region was visited too to hand over the nets in the children maternity wards.

The distribution of nets covered 119 targeted villages. The distribution took place prior to the National spray campaign which is conducted annually between September and December as agreed with the MoHSS teams in both regions.



Picture 3: Bishop Luke and Rebecca officially handing over nets to Ohangwena and Omusati health directorates.



Picture 4: Official hand over of nets to community members

2.5 Community dialogue meetings

NACDO recognize community dialogues as one of the ways to improve health seeking behaviors. The purpose of community dialogues is, to share more information about Malaria in the communities, i.e. offer education about protection from mosquito bites, what can be done to eliminate Malaria, vector control, environmental management and how to collaborate in Malaria elimination at the borders. The dialogues further seek to increase understanding of the use of RDT intervention, improve the knowledge of community members in Malaria case management and to encourage early testing and treatment if fever is suspected.

During 2018, 8 community dialogue sessions within the 4 constituencies were conducted and about 127 community members attended.

The following topics were discussed during community meeting as follows:

- 1) Basic facts of Malaria (Vector Control and Environmental Management)
- 2) Malaria situation across the borders - The importance of cross border collaboration in Malaria Elimination.
- 3) Symptoms of Malaria which includes fever, flu, illness including shaking chills, headache, muscle aches and tiredness, nausea, vomiting and diarrhea and Malaria may also cause anemia.

2.6 Joint Meetings between Angola and Namibia

Two meetings were conducted in 2018 and the aims of these meetings are:

- 1) To share updates on TKMI activities on both side of the borders
- 2) To strengthen collaboration between the two countries
- 3) To plan the cross-border activities together
- 4) To share ideas and look at the activities that worked well and those that did not.
- 5) To discuss gaps for improvement in some activities like CMV's training, collaboration with the ministry of health and more closely with health centers/clinics across the borders.
- 6) To provide updates on key activities for that year as well as challenges.

Challenges on the Angolan side

- 1) Most people not having mosquito nets and the team was visiting and registering households in the villages in order to establish which households do not have nets.
- 2) Areas where Malaria testing containers are very far and may take up to a day for a person to arrive at the testing container.
- 3) Convincing community members to take part in being tested in areas where testing is done, with assumption that they have no Malaria even where incidences are high in the community. Some members think it is a HIV test and are reluctant to take part.

Challenges on the Namibian side

- 1) CMVs drop out due to limited incentives, CMVs have no salary and quickly abandon and move to look for activities that give them income.
- 2) Communities not having mosquito nets.

2.7 Clergy Orientation workshop

A joint Clergy training in Ohangwena was mobilized to respond to a high number of Malaria cases and assist fill the gaps in knowledge about Malaria. A total of 43 people from different dominations attended the 1-day workshop that also included Muslim and universal church denominations. This was held at The Anglican Parish in Eenhana. The workshop was facilitated by the E8 and TKMI teams.

The workshop succeeded in sharing information about Malaria with pastors/clergies and possible ways of what they can use to deliver information to their congregation members and the community at large.

Topics Discussed

- 1) Malaria Overview: Elimination strategies
- 2) Basic Facts of Malaria which include Malaria as a disease, prevention of Malaria and testing, treatment and the importance of adherence to treatment.
- 3) The role of the church leaders in Malaria elimination
- 4) Church at work

5) Social Behaviors Communication Change (SBCC)

Church leaders were encouraged to deliver the information given to them in order to reach the goal of the projects and we will only eliminate Malaria in Namibia if all of us work together and contribute to a positive change in our own communities

2.8 Field Workers (FWs) refresher training

TKMI conducted one refresher workshop for FW's to improve on SBCC in all our areas of operation in order to improve data collection. This was held on 16- 19 March April 2018 at Onekwaya Anglican Diocesan Training Centre. A total of 25 Fieldworkers from 4 constituencies participated in the workshop. The training aim was to equip FW's with skills and knowledge to provide Social Behavior Change and Communication messages (SBCC) to communities, review of the house to house data collection forms for proper/correct uptake of information, improve monitoring and documentation of data as well as delivering and engaging the communities with SBCC in challenging environments. The training has helped improve SBCC skills and for the FW's to go back to help their CMV's to improve on data collection and SBCC messages that they used to deliver on monthly basis in the community.

2.9 World Malaria Day Commemoration and handover of the Community Award in collaboration with E8.

The World Malaria day is commemorated worldwide each year on the 25th of April and in 2018, it was commemorated in Oukwandongo village, Outapi Constituency, Omusati Region. Oukwandongo is a village at the Angola Namibia borders. The event was hosted at this community because it won the Community Award which was presented at the ISDELL-FLOWERS Cross Border Malaria Initiative Round Table in February 2018 in Zimbabwe.

The E8 teams from Ohangwena and Omusati, the TKMI Team as well as the NACDO Northern Programme Manager all attended the World Malaria day commemoration at Oukwandongo village. The Isdell Flowers award to the community of Oukwandongo village was handed over during this occasion. The event was also attended by the officials from the Ministry of Health, specifically from Outapi district hospital.

The TKMI volunteers, TKMI FWs and E8 community Health workers plus the community members entertained the event with songs, poems and dramas. The event was attended by 237 people including the headmen, volunteers, fieldworkers and CHW. With the help of the fieldworkers and Community Malaria Volunteers from Outapi constituency the event was a huge success.



A pictures of community members in attendance of the World Malaria day

2.10 Monitoring and evaluation

A total of 25 FWs made 6209 visits to households where Malaria health education was provided. A total of 2129 nets were recorded hung and in use within 6209 households that were visited during this period. Not all the nets recorded hang and in use are Long -Lasting Insecticide Treated Nets (LLITNs) because some community members bought their nets from Chinese shops where untreated misquote nets are sold.

2.11 Challenges

- 1) Less community participation in community meetings due to farming activities.
- 2) 8 villages in Outapi did not have CMVs as they dropped out.
- 3) Some CMV's have many households to look after because of others who dropped out while some joined the E8 project as CHW's and Some became TKMI FWs
- 4) No incentives for CMVs like Bags, T-shirts and umbrellas
- 5) Villages in Ongenga Constituency has no CMV's
- 6) Nets remain a dire need and some households do not want to engage with SBCC without supply of nets.
- 7) Long distance to reach all households remain an issue and some CMVs did not report on time.
- 8) FWs complained that their salaries are too low for the work they put in.
- 9) Not all patients who were referred to nearest Health Facilities (HF) for Rapid Diagnostic Test (RDT) visited the Health Centers.

2.12 Success

- 1) Most TKMI beneficiaries understand the situation of Malaria in the country and are able to convey the Malaria message to visitors.
- 2) The country received good rainfall, and this makes it easy to find community members in their HHs because they did not go cross the border for food purposes.
- 3) The CMVs are committed to work hard to deliver Malaria messages in the community
- 4) Planning and budgeting support from Constance helped the team to grow and to carry the planning activities within the planning periods.
- 5) All the villages households are registered to get nets in all TKMI areas of operation.
- 6) 9 patients who had fever signs were referred to the nearest Health Centers for Rapid Diagnostic Test (RTD) for Malaria.

3. ELIMINATION 8 (E8)

Funded by The Global Fund through the E8 Secretariat, the principal objective of this project activities is to contribute to the elimination of Malaria in Namibia by 2020 and contribute to the pre-elimination in the southern part of Angola. The project installs and Implement Health Service Posts to expand access to diagnosis, treatment and surveillance of Malaria among mobile and underserved populations along the border between Angola and Namibia. The project created health posts and supply health services for mobile and migrant populations in the border areas of the 2 countries.

This project operates in the Northern Namibia in 2 regions: Ohangwena and Omusati covering 1 constituency in Ohangwena and 4 Constituency in Omusati. The project implementation period Commenced on 1st of August 2017 and will run till 31 December 2019.

The project consists of the following teams:

- 1) **Malaria Basic (Mobile clinic)** this unit move to different areas to reach underserved and hard to reach populations, providing testing and treating, Malaria basic works with 1 nurse and a driver.
- 2) **Surveillance Team:** This unit monitors all individuals with a positive test and conduct reactive detection of cases. The surveillance team identify vector breeding sites and treat them as well as give advice at the homes visited on how to prevent Malaria through maintaining a clean environment, water wells. The surveillance team consists of a nurse and an environmental health officer.
- 3) **Community Health Workers:** These are 16 in total whereby 2 are based in Ohangwena and 14 in Omusati. Their main objectives are to test and treat uncomplicated Malaria and to give health education about Malaria prevention, transmission and treatment.
- 4) **Community Mobilization Teams:** This comprise of 62 community volunteers within Ohangwena region and their main objectives is to teach people in general about Malaria prevention and treatment as well as to spread information about the Malaria Plus and Malaria Basic for the population/communities to adhere to the services.

3.1 Implementation Approach

Geographic Scope

Omusati Community health workers have been operating in four constituencies namely:

- 1) Outapi
- 2) Anamulenge

- 3) Okalongo
- 4) Etayi

Ohangwena teams mobile and ACD have been operating in Omundaungilo Constituency. The ACD team have been working between Okongo and Omundaungilo constituency. The Mobile team moved to Engela district from September 2018.

Activities Implemented

- 1) Testing, Treating and Surveillance
- 2) Community awareness

3.2 Results

Testing and Treating Results

Total tested	Total Positive	Total treated
24 295	69	55

Only 55 cases were treated because some patients were already treated and though this had been more recent, they still came for testing.

3.3 Results Analysis

- 1) Cases were a lot from the beginning
- 2) Omundaungilo constituency reported many cases in 2017 and decreased in 2018.
- 3) Many cases were reported from Engela and Okongo which made the teams to move.
- 4) More non-local cases were reported as compared to local ones
- 5) Omundaungilo cases decreased in 2018 third quarter due to mass testing and treating and health education given to community members.
- 6) Cases decreased where the teams moved.

3.4 Project Progress

1. Project Impact and Reach
2. Community members from where the teams have been operating are now fully aware of causes of Malaria and prevention as opposed to community members where the team have not operated.
3. The project provided free testing and treating to community members and they are very grateful for these services.
4. The project supports the MoHSS in terms of surveillance as the Ministry does not have fully equipped surveillance teams like shortage of staff and vehicles.
5. The project has targeted communities in hard to reach areas. This made a great impact because community members usually ignore going to the hospital to seek health services because of long distances.
6. The project used known Community Malaria Volunteers and Community Health workers to operate within their surrounding villages. This made the community members to accept them.

3.5 Achievements

1. Communities in hard to reach areas were given health education and are now aware of Malaria transmission and prevention.
2. Testing, treating and tracking of cases was provided to communities.
3. Social behavior Change Communication (SBCC) was provided through Clergy, Immigration officials and headmen meetings.
4. Good Collaboration with Ministry of Health and Social Services and other partners e.g. consortium meetings, meetings with Ministry of Health and Social Services and National Vector Disease Control Programme.

3.6 Challenges

Challenges	How it was overcome
Community members demanded for Nets	Some villages were given Nets by other partner (Trans Kunene Malaria Initiative) but were not enough and those who did not receive nets were recommended to use other prevention methods.
Long distances travelled between villages by Community Malaria Volunteers and Community Health Workers.	This is still a challenge and they are requesting for increased transport allowance and bicycles.
Community members are requesting for other services like home base care and treatment of diabetes, high blood pressure.	This is still a challenge
No field allowance to staff	This is still a challenge
Local cases tend to be non-local after they are followed up. Patients provided incorrect information on travel history and nationality leading to wrong classification of cases.	Patients were told to tell the truth about their place of residence, but it is still a challenge.
Community health workers are requesting for the reporting forms to be reviewed.	This is still a challenge
Budget cuts affect proper supervision of community Malaria volunteers and community workers. (Field supervisor's contract ended)	This is still a challenge because case management supervisors only supervise /visit them once a month due to many commitments.
Long process of the flow of money from PMU to AAP sometimes delaying activities and salaries.	This is still a challenge

3.7 Lessons Learnt and Counter Strategies

Strong collaboration with the Ministry of Health and Social Services, headmen, School principals, councilors, church leaders and community members at large. The project needs to work together with all these stakeholders because without them, the project cannot achieve its goals.

- ✓ There is a need to introduce staff field allowance in the future.
- ✓ During follow up of cases, teams should at least give mosquito nets to household members.



The 2 pictures show the NACDO-E8 team testing in community

4. Conclusion

NACDO has a unique position in the community and has well established community networks. As one of the key actors and pioneers in community engagement, NACDO hopes to attract more resources and establish projects that have long term sustainability while continuing to address the growing social, economic, developmental and climate change needs of the communities. During this period, NACDO had a total grant of N\$ 6 million all funded from outside sources.

We are proud of all we have achieved in the past two years together with our partners in development; humble but optimistic in the face of the challenges ahead. We call upon all our current and new partners to work with renewed efforts. NACDO remain committed to staying in the forefront of the battle for quality of life in rural and suburban communities in Namibia.

NACDO's strategy remains appropriate for its vision and objectives. Increased geographical coverage, and increased beneficiaries of our projects are the goals of expansion. Furthermore, enhanced human capital, increased resources, improved institutional strength, strengthened local and international partnerships, continued government partnership, as well as functional organizational structures, will enable NACDO to fully achieve her objectives.