



NAMIBIA ANGLICAN
COMMUNITY DEVELOPMENT
ORGANIZATION (NACDO)

Annual Report 2020

Table of Contents

Abbreviations	i
About Namibia Anglican Community Development Organization (NACDO).....	1
The Mission	1
The Vision.....	1
The Core Values	1
Executive Summary	2
1. DONORS	3
2. PROJECTS.....	3
2.1 Food Security/Climate Change Adaptation Project for Rural Communities in the Northern part of Namibia.....	3
2.1.1 Project achievements	4
2.1.2 Most important lessons learnt during the project implementation.....	4
2.2 Malaria Health border posts	5
2.2.1 Project Achievements	6
2.2.2 Most important lessons learnt during the project implementation.....	6
2.3 Savings with Education and Integrated Early Childhood Development.....	6
2.3.1 Project Achievements	7
2.3.2 Total Groups Savings for 2020	7
2.3.3 Most important lessons learnt during the project implementation.....	7
2.4 Trans Kunene Malaria Initiative (TKMI).....	8
2.4.2 Most important lessons learnt during the project implementation.....	9
Conclusion.....	10

Abbreviations

BftW	Bread for the World
CFs	Contact Farmers
CMVs	Community Malaria Volunteers
DMC	Diocesan Management Committee
E8	Elimination 8
ERD	Episcopal Relief & Development
FWs	Field Workers
HIV/AIDS	Human Immunodeficiency Virus/ Acquired Immunodeficiency Syndrome
KAP	Knowledge Attitude and Practice
LLIN	Long Lasting Insecticide Nets
MoHSS	Ministry of Health and Social Services
NACDO	Namibia Anglican Community Development Organization
SADC	Southern African Development Community
SBCC	Social Behavior Communication Change
SwE	Savings with Education
TB	Tuberculosis
TKMI	Trans Kunene Malaria Initiative

About Namibia Anglican Community Development Organization (NACDO)

Namibia Anglican Community Development Organization (NACDO) is an affiliate and associate of the Anglican Diocese of Namibia. NACDO is a registered welfare organization under the Ministry of Health and Social Services (MoHSS), welfare registration number: W.O.71.

The Mission

NACDO's mission is to collaborate with other agencies, organizations, and individuals at local, national, and international levels to assist individuals to reach their full potential in mind, body and spirit, holistically; to assist in ending diseases like HIV/AIDS, TB and Malaria as well as to work 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, confronting poverty, ending stigma, building capacity, providing leadership, skills, care, prevention, and counselling, and providing better livelihoods and improving the quality of life in the communities we serve.

The Core Values

- 1) Faith and hope
- 2) Individual full potential
- 3) Non-Discrimination
- 4) Respect of individuals' dignity, values, history, and religion
- 5) Fairness, transparency, and accountability

Executive Summary

The year 2020 started off well with all project plans in place to implement all activities. Staff members were all enthusiastic to get back to work and looking forward to a productive and successful year. No one really paid much attention when talks of a virus in China surfaced around December 2019. No one had any idea that the said virus will spread throughout the world and devastate everyone.

It was not long enough until the first case(s) was reported in Namibia around March 2020, from a Romanian couple who were tourists in Namibia at that time. Many people around NACDO and in communities where NACDO operates still felt this was a disease for some people only and may not necessarily infect and affect them. The implementation of NACDO project activities was going well until a country wide lock down was declared towards the end of April.

The country wide lock down came with travel bans (borders closed), movement limitations, public and social gathering limitations, and closure of some businesses. As if this was not challenging enough, schools also later closed. This was stressful for almost everyone and had severe negative impact on the country economy. With some business closure, some people lost their jobs and many families an income.

All these new developments instilled fear into individuals and communities at large. NACDO is extremely fortunate as her operations did not cease due to COVID-19. In the same vein, no employment was lost due to COVID-19. About 99% of planned activities were implemented, leaving only 1% of planned activities not implemented due to COVID-19. School activities could not be implemented due to school's closure. When schools reopened, there was no time as schools had to catch up on lost lessons.

Planned activities to roll out Early childhood development (integrated into the existing Savings with Education Initiative) could also not be implemented due to COVID-19. Travel bans and public gathering prohibitions were the main reasons one percent of planned activities could not be implemented. As the COVID-19 fatality started, the fear of infection grew resulting into many people adhering to the national COVID-19 regulation.

NACDO was no exception to such national regulations. Face masks and hand sanitizers were procured for both full time and part time staff, as well as primary community members we work with. Bar soaps for washing hands were also procured for volunteers and some community groups/ centers. Educational sessions about COVID-19 preventive measures were delivered to community members in all areas NACDO operates.

Although 99% of planned activities were implemented, this was done under difficult conditions filled with fear and uncertainty. There was also a challenge of misinformation, conspiracy theories about the Corona virus, denial, and ignorance. Some community members had fears that NACDO staff will take the Corona virus to their communities. The situation only became better when NACDO provided face masks, hand sanitizers and bar soaps to some community members in the areas of operation.

Stefanus P. Nangombe
Director

1. DONORS

Our sincere gratitude goes to our esteemed donors who made it possible for NACDO to fulfil its mandate in terms of community development despite the Covid -19 hardships.

#	Donor	Project Name	2020 budget N\$
1	Bread for the World	Food Security & Climate Adaptation	2,000.000.00
2	Elimination 8	Malaria Health Border Posts	1,085,527.91
3	Episcopal Relief & Development	Savings with Education (SwE)	2,047,853.94
4	J.C. Flowers Foundation	Trans Kunene Malaria Initiative (TKMI)	3,644,878.09
	TOTAL		8,778,259.94

2. PROJECTS

2.1 Food Security/Climate Change Adaptation Project for Rural Communities in the Northern part of Namibia.

The food Security Project is aimed at contributing to Vision 2030 of the Namibian Government, by improving food security and quality of life of the people in Namibia. The project was pilot tested in Ohangwena and Omusati regions with 100 Contact Farmers (CF) as direct beneficiaries.

The Food Security Project increase food production capacity within farming communities in Northern Namibia through 3 main thematic areas:

- 1) Provision of relevant skills and knowledge in agroforestry
- 2) Poultry Farming
- 3) Home gardening
- 4) Water management

The model is that Contact Farmers will pass on skills to fellow farmers after the pilot test.

The team

The project team consists of an Agriculturist, Project Coordinator, and an Assistant Project Coordinator. The Agriculturist is responsible for the technical aspect of the project, development of training materials and actual training and supervision of the team, activities, and Contact

Farmers. Both the Project Coordinator, and Assistant Project Coordinator are responsible for assisting the Agriculturist and coordination of communities and Contact Farmers.

2.1.1 Project achievements

- 1) The set target of training 120 contact farmers was achieved 100%.
- 2) In addition 20 CF were trained, totalling 120 CF, equivalent to 120% achieved of planned target.
- 3) About 80% of 120 trained contact farmers added more than three new food components from the 3-farmer to farmer field school community gardens (training site) and their home backyard gardens, exceeding the planned outcomes by 10%.
- 4) About 75% of the 40 contact farmers (27 women and 13 men) trained in agroforestry are now using new agricultural techniques on their farmland. This exceeds the planned goal of 15%.
- 5) In addition to the planned targets there are 10 contact farmers generating income through food production in their farmlands/home.

2.1.2 Most important lessons learnt during the project implementation.

- 1) The project is suitable for rural small scaled farmers, youth, the poor and marginalized communities as it enables them to produce their own food.
- 2) More people are losing jobs on a daily basis due to the impact of COVID-19, becoming unable to buy enough food for their household consumption and this project can assist such people.
- 3) Climate change cause severe draughts or floods and this project can guarantee food security when expanded to many communities.
- 4) All together it can be said that the project is of outmost need for the targeted beneficiaries.



CF at Eembidi demonstration site being trained on post harvest and handling of tomatoes, sweet potatoes, and carrots.



Sweet potato tubers being harvested. More than 200 kg was distributed equally to 20 CFs.

2.2 Malaria Health border posts

The project operated in the Northern part of Namibia in 2 regions: Ohangwena and Omusati, covering 1 constituency in Ohangwena and 4 constituencies in Omusati. The project implementation period commenced on 1 August 2017 and ran till 31 December 2019 with an extension of 3 months January to March 2020.

The project consisted of the following teams:

- 1) **Malaria Basic (Mobile clinic)** this unit moved to different areas to provide testing and treatment for underserved and hard-to-reach populations. Malaria Basic works with 1 nurse and a driver.
- 2) **Surveillance Team:** This unit monitored all individuals who had tested positive and conducted reactive detection of cases. The surveillance team identified vector breeding sites and treated them, as well as giving 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 were 16 in total whereby 2 were based in Ohangwena and 14 in Omusati. Their main objectives were to test and treat uncomplicated Malaria and to give health education about Malaria prevention, transmission, and treatment.
- 4) **Community Mobilization Teams:** This consisted of 62 community volunteers within Ohangwena region. Their main objectives were to teach people in general about Malaria prevention and treatment and to spread information about the Malaria Plus and Malaria Basic for the population/communities to adhere to the services.

2.2.1 Project Achievements

Testing and Treating Results for both regions.

Total tested	Total Positive	Total treated
3,738	34	34

2.2.2 Most important lessons learnt during the project implementation.

- 1) Many positive cases are imported from Angola.
- 2) Some people are not honest with information they provide at health facilities, making tracing of cases difficult.
- 3) The movement of cattle headers between Namibia and Angola is a major contributing factor to positive cases (about 90%).
- 4) Community members do not go to health facilities promptly for the treatment of malaria.
- 5) Long distances to health facilities are a major challenge.

2.3 Savings with Education and Integrated Early Childhood Development

The Savings with Education initiative engages communities in micro-saving schemes to help reduce the burden of employment and to alleviate poverty amongst community members. The initiative operates in 4 northern regions: Ohangwena, Oshana, Oshikoto, and Omusati. SwE trains and builds capacity among community members 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.

An Early Childhood Development Program is aimed at strengthening families so young children thrive. The program model focuses on the moments that matters in the early developmental stage of a nurturing and caring for children from 0-3 years of age. The nurturing includes maternal &

child health care, nutrition, family livelihoods, security & safety, responsive care, and early learning. When communities mobilize children will live in safe, stable, and supportive caregiving environments. When primary caregivers learn, support, and connect with their children, they become healthy primary care givers who are able to respond effectively to their children's' needs. Finally, children will thrive and reach their full developmental potential.

The team

The project team consists of a Program Officer, 3 Regional Coordinators and 26 Field Officers. Regional Coordinators are responsible for training and supervision for both Field Officers and Savings groups. Field Officers are responsible for Savings Groups formation and ongoing support.

2.3.1 Project Achievements

New & continuing Savings Groups	Number of groups	Number of group members	Total Number of men in groups	Total number of women in groups
New Groups Formed in 2020	65	1421	189	1232
Continuing Groups Year 2 (Formed in 2019)	76	1553	265	1,277
Continuing Groups Year 3 (Formed in 2018)	45	977	162	815
TOTAL	186	3951	616	3324

2.3.2 Total Groups Savings for 2020

#	Item Description	Figures
1	Total number of active Savings Groups	181
2	Number of active group members	3 951
3	Number of women	3 325
4	Number of men	592
5	Total amount for all groups raised in 2020 (N\$)	4,000,160

2.3.3 Most important lessons learnt during the project implementation.

- 1) There is a high and increasing demand for more Savings Groups.
- 2) There is great commitment from community members for Savings Groups.
- 3) The number of men joining Savings Groups has significantly dropped.

- 4) NACDO needs more resources to be able to establish more Savings Groups in more communities.
- 5) There is a notable decrease in groups savings due to COVID-19.



Twahangana Group from Omahenge village in Ohangwena Region conducting a savings meeting.

2.4 Trans Kunene Malaria Initiative (TKMI)

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 usage of nets, as well as to assist with the mass distribution of LLINS in areas of operation.

The Project is implemented in the two northern regions bordering Angola: Omusati and Ohangwena. Covering 2 constituencies in each region (Ohangwena: Ongenga and Oshikango - Omusati: Etayi and Outapi) within 119 villages across all the two Regions.

Basic activities consist of messages of Malaria Social Behavior Communication Change (SBCC), house to house visits, monitoring nets (Long- Lasting Treated Nets (LLIN), and hosting community dialogue meetings with the help of 256 CMVs and 25 Fieldworkers within the areas of operation.

The team

The project team consists of a Project Officer, Assistant Project Officer, a Data Clerk, Office Administrator, 27 Field Workers and about 245 Volunteers. The Project Officer takes the overall charge of the activities being assisted by the Assistant Project Officer. The data Clerk is responsible for M&E while the Office Administrator takes care of office administration. The Volunteers are responsible for household visits with the support and supervision of Fieldworkers.

2.4.1 Project achievements

- 1) Four community events conducted during SADC week commemoration reaching 537 people with malaria information and 387 people tested for Malaria with zero positive tests.
- 2) Forty-two Clergy participated during clergy training from different denomination for them to use information learnt during sermons to spread malaria informative education to their congregations and community at large.
- 3) Fifty Clergy attended clergy follow up meetings to assess the progress of advocacy of Malaria messages delivered within their congregations and challenges experienced with regards to this.
- 4) 160 Headmen / headwomen attended 6 sensitization meetings conducted across the 2 regions mainly to reinforce Malaria knowledge and encourage continuous support of CMVs and FWs for motivation purposes.
- 5) Good collaborations with Ministry of Health and Social Services (MOHSS) that resulted in focusing on IRS messaging ahead by providing education door to door before sprayed.
- 6) Quarterly meetings were conducted with all 25 fieldworkers to share challenges facing both Fieldworkers and Community malaria volunteers and ensure that channel of reporting is done in a timely manner.

2.4.2 Most important lessons learnt during the project implementation.

- 1) Community members have trouble in recalling malaria treatment procedures after being educated.
- 2) Some community members do not use mosquito nets because of the hot weather conditions.
- 3) There is a great need for more mosquito nets to provide for all households.
- 4) Many community members have knowledge on Malaria prevention, signs, and symptoms.
- 5) Most community leaders participate in Malaria education.
- 6) There is lack of good environmental management practices in most households visited during supervision.
- 7) Some community members refused to be interviewed during the KAP survey because they want to be interviewed by volunteers within their communities.
- 8) Young people in several households did not show interest in being interviewed; they would rather let old people answer the questions.
- 9) In some few households, men did not want their wives to be asked questions. Some ordered team members to leave, even after they had explained the purpose of the survey.
- 10) All school campaign activities could not be implemented due to COVID-19.



Ms. Aikali conducting a Malaria testing during ((WMD).

Conclusion

During 2020, NACDO maintained consistency and persevered amidst the difficult situation of COVID-19. The limited resources at NACDO's disposal were used to continue addressing specific community needs as usual, as well as to create awareness and educate communities about COVID-19. Communities assisted NACDO with implementation by taking ownership of projects and implemented some activities with less or no supervision at all. Despite numerous challenges including COVID-19, NACDO remains committed to addressing the growing social, economic, development and climate change needs of the communities.

As a community Development Organization, we are happy for all we achieved with the assistance of our partners in development. Numerous challenges encountered during implementation never deterred our efforts but were used as learning experience for an improved tomorrow. The relationship with all our current and future partners is that of working with renewed efforts. NACDO remains committed to improving the quality of life in rural and suburban communities in Namibia.

NACDO regularly reviews its strategy to remain relevant to its vision and objectives. NACDO hopes and wishes to expand her operations soon. NACDO further aims to build capacity among her staff and improve performance to meet both short- and long-term goals. To fully achieve her objectives, NACDO strives to maintain strong local and international partnerships.