



End of year report

2016 Project

N/a'an ku sê Foundation

Lifeline Clinic

The funds provided to your organisation for the current year by TFWA Care were donated following the approval of the TFWA Management Committee and board. Among the prerequisites for funding by TFWA Care are transparency and accountability. We would be grateful if you could send us a brief summary of the project, the objectives achieved, problems encountered, impact on the local community and indicators of the project's success. We will share the report with the Management Committee at the end of year meeting.

Please do not hesitate to report on the project's successes as well as any aspects that did not go according to plan. This serves to provide a greater understanding of the challenges and issues encountered by the communities on whose behalf your organisation is working. Any quantifiable indicators will also be helpful in your report.

Thank you.



Project details

1. Please summarise in a few words the project supported by TFWA Care, including the principle objectives and duration.

The Lifeline Clinic in Epukiro run by the N/a'an ku sê Foundation provides vital and life-saving primary healthcare services to the remote San Bushman community of Omaheke.

The San are one of the oldest tribes in the world; traditionally hunter gatherers in the Kalahari Desert. Unfortunately today's reality is different. They are the most impoverished and marginalised community in Namibia. The San face huge challenges including overcrowded housing, malnutrition and disenfranchisement from mainstream Namibian society. They also have one of the highest rates of TB in the world.

The Lifeline Clinic is dedicated to improving the health and wellbeing of the San people. Support from TFWA in 2016 has enabled us to:

- Continue providing food and milk for malnourished children and families (commenced in 2015)
- Continue the TB project (commenced in 2014)
- Continue the Community Health Worker Scheme and our community outreach (commenced in 2012/2013)
- Continue equipping the Lifeline Clinic (equipment provision commenced in 2012/2013)

1. Milk and food provision:

The principle objective of this project is to provide adequate nutrition to key groups of patients in order to reduce hospital admissions, ensure patients with TB have enough nourishment to respond to treatment and to increase the overall nutritional status of the San community. Furthermore, providing adequate nutrition to the community brings about increased productivity and thereby in the long-term increases the ability of the community to learn and work, thereby allowing them to live more independent lives.

We have been undertaking this project since 2015. We hope to continue this vital project in the long term as there are constantly new patients who need to be assessed and given extra milk and food. The duration of the project for each individual patient differs depending on the patient, for example, we only feed severely malnourished children until they are no longer malnourished, and babies whose mothers have died (so they are not able to be breastfed) until they are weaned.



2. TB Project:

Recent research at our clinic has shown that the San have a 15 times higher risk of TB than other tribes in Omaheke. Diagnosis is often delayed due to poor access to healthcare. They are more likely to interrupt treatment and to die from TB; many San deaths are related to TB.

The objectives of the TB research / project / clinical work are to:

- Identify the incidence and prevalence of TB in the San community;
- Use the developed screening programme to screen the whole San population for TB;
- Research and develop a treatment programme, which reduces interruption and defaulting from treatment; and
- Ensure the best clinical care for San patients suffering from TB.

This is an ongoing project over the course of several years due to the high prevalence rate of TB within the San population and the barriers the population face in accessing TB services.

3. Community Health Worker Scheme:

The purpose of the Community Health Worker Scheme (CHWS) is to improve the health of the San people in remote communities through the use of community health workers, community education and training to empower communities with healthcare knowledge, and through direct medical outreach / intervention in response to community healthcare needs.

Health education empowers members of the community to treat minor illnesses and injuries and seek medical attention for more serious symptoms, thereby increasing the overall health of the community and their independence.

The project has been running for five years. Community outreach is an important part of our work in providing remote communities with access to healthcare. We foresee this project expanding to reach more communities in the long term.

3. Equipment Provision:

The principle objective of this project is to provide a robust infrastructure to allow the Lifeline Clinic to provide high quality care to San patients.

Equipment needs change every year and we therefore will continue in this project long term.

2. What activities were carried out within the scope of the project over the course of the year?

Milk and food provision

- Powdered milk formula was provided for several babies so far this year. These are babies whose mothers have died, and so they were unable to be breastfed. They have now been successfully weaned, and currently we continue to provide regular powdered milk for only one baby. This baby has other medical problems and is unable to safely swallow solid foods. Breast feeding continues to be encouraged throughout the rest of the community.
- Children aged between six months and five years are screened regularly in the community for malnutrition using the MUAC tool (mid upper arm circumference). If they are found to be malnourished then we provide a high calorie maize meal diet for them. The food insecurity and poor diet of many of the San means that there are a number of children who are moderately/severely malnourished. This seems to particularly occur around the time of weaning. Whilst health education continues regarding appropriate feeding and weaning, often parents simply cannot afford to properly feed their children. Most of the children who we have treated for malnourishment this year are now no longer requiring extra food, but we continue to screen others on a regular basis.
- We have provided food for those diagnosed with TB. Malnourishment is a huge contributing factor to TB. Many of our patients will take many months to clinically improve on TB treatment if their underlying malnutrition is not also addressed.
- A meat meal is provided once every two weeks for the mothers and babies/children in the community during a special mother and baby session. This provides a small but significant amount of protein for people who lack this in their diet. This improves the overall health of the community. It also helps to forge a deeper relationship between the community and the Lifeline Clinic, and is an excellent opportunity to provide public health sessions.

TB project

- To date this year we have diagnosed 36 patients with TB, this is more than double the number from the last reporting year.
- We are continuing to ensure all patients with TB receive appropriate medication for the suitable length of time, and receive food throughout their treatment.
- We have increased our contact tracing of patients diagnosed with TB. Many of the San live together in confined houses and TB is easily spread. If someone within the house is diagnosed with TB, then the others are also at high risk and so need to be contact traced. This is often difficult as patients live in remote areas and the efforts

made by the state are often inadequate. However, we are now working far more closely with the state clinics to rectify this. We have diagnosed a significant number of patients with TB through increased contact tracing this year.

- A hospital-based prospective study into prevalence of TB in the San has been completed and was presented in poster format at the Namibia TB/HIV symposium in October 2015.
- “TB diagnosis using geneXpert in rural Namibia” was presented in poster format at the European Respiratory Society in 2016.
- We have undertaken qualitative research into why San people interrupt their TB treatment, and are now starting to explore possible solutions to this ongoing problem.

Community Health Workers Scheme

The Lifeline Clinic Health Worker Scheme has developed a network of San Community Health Workers (CHWs) in the Omaheke region. The project commenced in 2013 through a training scheme to develop local capacity and empower community members to identify health issues and contact the clinic – thereby ensuring the San people who require healthcare provision are able to access services.

- We continue to support our trained CHWs by phone. They are able to contact both the clinic and our local translator in order to inform us of unwell patients, or to ask for further advice.
- We travel to remote areas of the region to engage with CHWs and provide primary healthcare to sick members of the community. Whilst CHWs are able to identify health issues, one of the main issues the San community has in accessing any sort of healthcare, is that they are unable to pay for the travel, are unable to leave their families, have work commitments in the area, or are simply too sick to travel. Therefore this year, due to these significant bottlenecks in accessing healthcare, we have responded to the needs of the community and proactively undertaken more community health outreach. Since April we have undertaken more than 18 outreach sessions to treat sick patients and engage with CHWs.
- CHWs are being taught how to identify patients who may have TB. The aim is that these patients will then be further assessed by the clinic doctors when they are at outreach sessions.



Equipment provision

Equipment is absolutely critical to the effective running and treatment of patients at the Lifeline Clinic.

We have utilised TFWA funds for various pieces of equipment as outlined in the 2015/16 proposal.

- Oxygen and masks continue to be vital to the work that we carry out, as we have a number of acutely unwell patients that require oxygen therapy.
- The neonate/paediatric oximeter was donated to the clinic by a volunteer and so was not purchased using TFWA funds.
- Baby and infant scales were donated to the clinic so not purchased with TFWA funds. However, adult scales were purchased with TFWA funds.
- Funds from TFWA have also been used to purchase haemocue curvettes, dressings, dossette boxes, various items of stationery, and to help with shipment of goods from abroad.

As some of the funding was not fully used for various pieces of equipment, the outstanding balance for the autoclave (that was requested in 2014) was paid for from TFWA funds.

Evaluation

3. Has the project been successful? Please outline the success factors for each objective as well as the challenges encountered and solutions adopted to overcome them.

The N/a'an ku sê Foundation received funding from TFWA in April 2016 and therefore this report aims to evaluate our activities over the seven months of the funding cycle.

Project	Successes	Challenges	Solutions
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Milk and food provision

Provision of powdered milk formula.	Several babies now no longer needing refeeding treatment for malnourishment. Several babies successfully weaned and no longer needing formula milk.	Patients who need food living further away, meaning that we have to get to them.	On occasion some stayed in the village longer term to have more intense refeeding. We received separate funding to help build patient accommodation. This
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			is not yet finished but will be able to be used for patients that need to stay near the clinic for longer periods of time.
Provision of high calorie food for malnourished children.	Many malnourished children are no longer malnourished.	Patients who need food living further away, meaning that we had to get to them.	Similar to above. The new accommodation should help us to monitor patients for longer periods of time at the clinic.
Food for patients with TB.	Many TB patients have completed treatment and are now at school/work, and no longer get food from us.	Patients who need food living further away.	As above.
Mother and baby sessions.	Mother and baby sessions are used to teach about public health, act as a community engagement activity, and also to provide food for people who need it.	Other key groups need extra nourishment including older people, older children and working men.	Extend this project to include other key groups in need.

TB project

Identify the incidence and prevalence of TB in the San community	A hospital-based prospective study into prevalence of TB in the San has been completed and was presented in poster format at the Namibia TB/HIV symposium in October 2015.		
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Use the development screening programme to screen the whole San population for TB.	Continuing to screen key populations through contact tracing of those diagnosed with TB.	Many patients living in remote areas that are difficult to access.	Targeting screening through contact tracing. Ultimately having a car dedicated to outreach would enable us to access more areas and patients.
Research and develop a treatment programme, which reduces interruption and defaulting from treatment.	This is currently ongoing with recent patient questionnaires focusing on the understanding patients have of TB.	Patients live far away from state clinics and often have no transport leading to interruption of treatment. There is often a lack of understanding of the importance of compliance with medications.	Specific San translator for the TB project to help deliver health information and education to our patients. New patient accommodation will allow us to base patients at the clinic for longer, so increasing compliance, understanding and education.
Ensure the best clinical care for San patients suffering from TB.	The presence of a second doctor at the clinic to focus on TB ensures the best clinical care.	Lack of communication when in hospital often due to language barriers and an element of discrimination.	Specific San translator for the TB project.

Community Health Workers Scheme

Continue to support the CHWs in place by visiting and assessing progress.	Project has become self-sufficient to a great degree. Many are trained who call the clinic appropriately. When we perform outreach sessions we are able to contact the local CHWs to	Main challenge was that the doctor employed to run this was suddenly, for personal reasons, no longer able to run this project.	We undertook more outreach sessions.
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	help assess progress.		
Identify further possible members of the community for future training.	Several people have been identified for further training. These include two young men who assist as carers for a patient paralysed due to spinal TB with severe pressure sores. They are able to do the dressings and other nursing cares themselves, and get further medical input if and when it is needed.	As above	Outreach and community education in new locations
Further training to integrate the CHWs in to the TB Project	A number of CHWs and community members have received TB specific education and therefore are able to call us if they identify a suspected case.	Has been difficult without a dedicated doctor to run this element of the programme.	Community education talks at feeding sessions, outreach sessions and talks at schools.

Equipment Provision

All equipment purchased by fund has been well utilised. Some of the equipment has been difficult to source and requirements for equipment vary year on year.

Oxygen	Purchased by TFWA funds and well utilised		
Oxygen masks and tubing	Purchased by TFWA funds.		
Neonate / Paediatric Oximeter	Item acquired		Donated by volunteer to the clinic
Unicef hanging weighing scales for babies and infants	Item acquired	Difficult to source.	Donated to clinic
Unicef electronic scale 890	Item acquired	Difficult to source.	Alternative/ similar product purchased



			with TFWA funds
Haemocue curvettes	Purchased by TFWA funds.		
Dressings	Purchased by TFWA funds.		
TB dossette boxes	Purchased by TFWA funds.		
Stationery	Purchased by TFWA funds.		
Shipment of goods	Purchased by TFWA funds.		

4. Did the work accomplished this year help you learn lessons that will benefit future work?

Milk and food provision

The milk and food project so far this year has been a great success, and over the past few years we have identified just how important this project is. Ensuring the patients are adequately nourished is vital to their health; without providing milk powder for babies who have foster parents, they would have severe malnutrition, as there is no other way to feed them. Children who are malnourished would most certainly need to be admitted into hospital if it wasn't for the feeding programme provided to them by the Lifeline Clinic. This year (so far) this programme has helped six children who are now no longer malnourished and can continue on a regular diet. Furthermore, we conclusively proved the importance that food plays in helping TB patients to respond to treatment.

We also identified that we need to continue the important meal programme every two weeks at the mother and baby feeding session. Not only is this programme crucial for providing extra nutrition to the village, which subsequently provides higher levels of energy and thereby increases their productivity in society, but these are crucial times in which we can engage with the community to provide community health education. It is through these sessions we deliver a variety of important messages on HIV/ Aids transmission prevention, TB, how to properly treat burns and grazes and family planning. This information is absolutely crucial if we are ever to break the poverty cycle. We have also made significant headway in strengthening our relationship with the community through this project – whereby the community continues to trust us and therefore feels far more secure in accessing healthcare at the clinic. This is important because frequently San people do not access mainstream healthcare due to the discrimination they experience at state clinics.



TB Project

We have identified many challenges this year. Due to the significant bottlenecks that the San people experience in accessing healthcare – the project needs significant expansion if we are to reach all the individuals suffering with TB. We have identified the following barriers:

- Poor health knowledge – they are often unaware of symptoms that need medical attention.
- Lack of transport to access healthcare – state transport is expensive and they are often too weak to walk miles to seek help.
- Fear of seeking help – there is a lack of trust in state healthcare and they may be discriminated against in hospital. Treatment means leaving their families, losing their income, and often their jobs.
- After discharge state clinics can be inflexible with medication renewal – patients are told to attend on an exact day only. They often have no transport to attend follow up. The state clinic TB workers also do not have transport to get to the patients.

The continuing work that we do with the TB project has led us to recognise that scaling up our TB outreach is the only way we will be able to save more lives from TB.

Community Health Workers Scheme

Our focused project in this area over the past four years has meant that this project has become self-sufficient.

Whilst we would welcome the opportunity to train these CHWs further, we have found that through our visits to local communities, we have been able to empower more individuals than ever with health knowledge – and therefore not limited it to solely the CHWs. Whilst on outreach, our translators not only provide us with the ability to up skill CHWs in the area, but also engage the wider community in healthcare. Our outreach sessions have enabled us to treat more than 700 patients since March – which is significantly more than the number of patients referred to the clinic by the CHWs. Therefore, we believe our outreach activities, coupled with the knowledge base already in the community through our CHWs, is the most strategic and impactful way to reach as many patients as possible in the community. Ailments we have been able to identify through our outreach vary from severe hand infections and malnutrition to diarrhoea with dehydration and TB.

We have also learnt that many more patients can be reached through the outreach sessions than through hoping they can come to the clinic to access healthcare. Most of our patients



are extremely poor and cannot pay for travel, nor can they afford to take time off work, or are often too sick to travel, and therefore we must go to them in order to help them. We also frequently transport patients from remote communities to hospital or to the Lifeline Clinic for further treatment.

One of the biggest limiting factors of the past few months to continue this vital outreach service is transportation. The only vehicle we currently have is an ex-military ambulance which has driven over 165,000 km and requires frequent servicing. We have gotten to a point now that we are unable to use this vehicle for outreach, and we have a temporary loan vehicle from the N/a'an ku se Foundation. We have learnt that in order to continue this lifesaving project, we must acquire/ fundraise for another vehicle that we can use for outreach and to transport sick patients to hospital for further treatment.

Equipment Provision

The equipment purchased has been well used and will continue to be so for the duration of this project and for years to come. We have learnt that our equipment needs change over the course of the year and therefore have highlighted the need for flexibility in planning for future equipment.

Sustainability

5. How has the project had a positive impact on the community/ies at the core of the project and what will be the long term benefits? Please explain if the project has helped empower the beneficiaries by providing greater autonomy.

Milk and food Provision

The milk and food provision project helps malnourished children develop in every sense of the word – it prevents death and ensures body and brain development. The long term health benefits are hugely significant – including decreasing the risk of contracting various communicable diseases (including TB) and ensuring they are nourished enough to attend school. Furthermore, the long-term benefits include increased levels of education and ultimately increased income, both of which help the San people to contribute more effectively to society and help to lift them out of the cycle of poverty.

The mother and baby sessions are used to help with nutrition, but also for public health messages, which in turn is good for communities so they can understand more about certain conditions (e.g. HIV). They are therefore hugely important for preventative medicine (which has significant long term benefits for the community) and also enable the community to become more autonomous with certain health needs such as how to treat cuts and burns.



The TB Project

The TB project continues to have a significant impact on the San community. The prevalence of TB in the Omaheke San is 10.1%; this represents a significant health burden. TB is a chronic disease that can be difficult to diagnose and so will often prevent people from leading fully active lives and being able to contribute to society for several years.

Through increasing our contact tracing and screening programmes we are increasing the rate of diagnosis of TB amongst our patient groups. This year alone we have diagnosed 36 patients with TB. This allows treatment to be started early so ensuring patients are able to return to work and school, and therefore be active members of the community. It also reduces the rate of transmission to others, especially children. Ultimately treating TB appropriately saves lives.

A key part of our TB project is involving the local community. Using a local San translator and our community health workers allows us to deliver public health messages about TB to the wider community. It also allows us to properly explain the importance of compliance with TB medications; this is often poorly explained to patients when they are commenced on treatment in hospital due to language barriers. By using the Lifeline Clinic as our base, which is well established in the local community, we are able to gain the trust of patients and enable them to better understand TB.

We believe there are many more patients that have TB that we are not yet able to reach. Finding these patients and starting treatment will in the long term help to break the cycle of TB transmission, so reducing the prevalence of TB in the community; thereby allowing them to contribute to society in a meaningful way.

Community Health Workers Schemes

This project empowers communities to be more involved in their healthcare. Those who are trained are able to call the clinic when they know of a community member who needs medical attention. This has a clear benefit to the community and where appropriate, the CHWs are able to treat or give advice to a patient in the community without attending the clinic.

Through our visits to the CHWs and communities we found many patients in the community who needed medical care but were unable to attend the clinic. We have reached more than 700 patients since March.

When on outreach visiting more remote communities, we often identify patients who require hospital admission but have been unable to access health care. We are therefore able to transport them directly to hospital ourselves, and ultimately save their lives.



In the long term, both the CHWs and our outreach in communities improve the health and wellbeing of hundreds of patients which prevents them from taking time off work or school due to sickness or from being admitted into hospital. This prevents breaks in employment or time away from their families which prevents them from falling into a poverty trap.

Equipment Provision

Equipment is absolutely crucial for us to treat and diagnose patients. The equipment we have purchased so far this year with TFWA funds has enabled us to purchase life saving equipment such as oxygen and dressings. There is no doubt that these items prevent the development of much more critical health conditions and save lives.

Fundamentally, the equipment has had a positive impact on the community by improving their health. We have had more than 2,500 patients this year so far. We would not be able to treat so many patients without the equipment provision, and without the Lifeline Clinic, the San community would not have access to free healthcare. Thereby, the equipment provision is creating a healthier San community and helps them to be more productive members of society either through work or study, which ultimately enables them to become more autonomous.

6. Will the project continue in the future or is it now complete?

We plan to keep running all of our projects next year and are submitting a funding request for 2017. We will however modify the Community Health Workers programme to focus on community health outreach, now that the CHW's programme is self-sustaining.

Finance

7. Please provide a summarised breakdown of how TFWA Care funds were utilised for the project.

Funds spent 1st March - 30th September 2016

TFWA EXPENDITURE for the 7 months ended September 30th 2016					
Projects	Sum of Amount	Sum of Euro	Per Grant	Remaining by exp type	Remaining by Category
Admin	NAD 39 630	EUR 2 415	EUR 4 140		EUR 1 725
TFWA - Admin	NAD 39 630	EUR 2 415	EUR 4 140	EUR 1 725	
Community Health	NAD 131 549	EUR 8 016	EUR 26 000		EUR 17 984
CH - Car Maintenance & Outreach fuel	NAD 58 295	EUR 3 552	EUR 7 000	EUR 3 448	
CH - Dr Salary	NAD 43 200	EUR 2 633	EUR 8 000	EUR 5 367	
CH - Drs Accom	NAD 627	EUR 38	EUR 4 000	EUR 3 962	
CH - Medicines	NAD 19 236	EUR 1 172	EUR 4 000	EUR 2 828	
CH - Phones & food at Outreach	NAD 1 040	EUR 63	EUR 2 000	EUR 1 937	
CH - Translator Salary	NAD 9 150	EUR 558	EUR 1 000	EUR 442	
Equip/Supplies	NAD 15 288	EUR 932	EUR 4 610		EUR 3 678
EQ - Oxygen	NAD 6 768	EUR 412	EUR 750	EUR 338	
EQ - Stationary & supplies	NAD 4 034	EUR 246	EUR 400	EUR 154	
EQ - Baggage costs donated TB equip	NAD 4 336	EUR 264	EUR 3 060	EUR 2 796	
EX- Hanging Scales	NAD 150	EUR 9	EUR 400	EUR 391	
Milk & food	NAD 30 113	EUR 1 835	EUR 4 500		EUR 2 665
MF - Milk & food Provision	NAD 14 526	EUR 885	EUR 2 000	EUR 1 115	
MF - Food for TB patients	NAD 15 587	EUR 950	EUR 2 500	EUR 1 550	
TB Clinical	NAD 92 698	EUR 5 649	EUR 21 750		EUR 16 101
TB - Car Maintenance	NAD 16 043	EUR 978	EUR 7 000	EUR 6 022	
TB - DR Accomodation	NAD 6 890	EUR 420	EUR 4 000	EUR 3 580	
TB - Dr Salary	NAD 50 400	EUR 3 071	EUR 8 000	EUR 4 929	
TB - Educational/printing/stationary	NAD 1 746	EUR 106	EUR 500	EUR 394	
TB - Food/Toiletries/transport Patients	NAD 7 229	EUR 441	EUR 500	EUR 59	
TB - Training/Conferences	NAD 2 000	EUR 122	EUR 750	EUR 628	
TB - Translator Salary	NAD 8 390	EUR 511	EUR 1 000	EUR 489	
Grand Total	NAD 309 278	EUR 18 847	EUR 61 000	EUR 42 153	EUR 42 153

Please attach your latest annual report as well as any pictures you would like to use to illustrate this report.

Milk and food programme



Refeding programme in Epukiro village

Community Health Workers Scheme



Lifeline Clinic doctors providing medical intervention and education to the communities through outreach sessions

TB Project



Lifeline volunteers helping the Lifeline Clinic doctors with TB screening, and a TB patient at the Lifeline Clinic