



Cancer Association of Namibia

21/81/096 – Incorporated Association not for Gain & Registered Welfare Organization (WO30)

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COMPANY PROFILE AND FACT SHEET

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CANCER ASSOCIATION OF NAMIBIA (WO 30)

1. History

Dr Abraham Bernard May (1912 - 1993), a specialist surgeon and the first Mayor of Windhoek in an independent Namibia (1990), founded the Cancer Association of (then) South West Africa in 1968. This association reported to the National Cancer Association of South Africa. In 1978 the association became independent from South Africa and changed its name to the Cancer Association of South West Africa/Namibia. Since then all funds raised and collected remain in the country and to the benefit of Namibians. During the 1980s with the formal transition of the Republic of Namibia becoming an independent sovereign state, the name was formally changed to the "Cancer Association of Namibia".

The Cancer Association of Namibia (CAN) is registered as an "Incorporated Association not for Gain" with the Ministry of Trade and Industry of the Republic of Namibia (registration 21/81/096) and is also a formally registered Welfare Organisation with the Ministry of Health and Social Services (registration WO30).

2. Historical highlights

1968: The organisation is founded by Dr Abraham Bernard May. From a humble beginning in the erstwhile SWA and as part of the National Cancer Association of South Africa, staff travel to the country by caravan twice a year to carry out Pap smears and breast examination clinics. Dr May administers the first chemotherapy in the country.

1978: The local association becomes independent and is henceforth known as the Cancer Association of SWA/Namibia, carrying out the same duties that South Africa did and by our own staff. The association buys the Director's house (90 Fritsche Street, Pioneerspark) which served as the first office, for only N\$1. This amount is still reflected as such in our balance sheets today. It was at this address where everything started. Until 1989, the house served as our office, housing our Director, Secretary and Sister. Three small rooms, the outbuilding of the residence, are used.

1978: Mrs Sarie May founds the first Reach for Recovery group for mastectomy patients. While still going strong today, the programme evolved into the Circle of Hope in 2017. As part of this programme, patients meet every six weeks to discuss their ups and downs and to share with others who become friends for life. Patient visits continue and "Huddles for Hope" are conducted on Thursday afternoons at House Acacia Interim Home.

1985: The Cancer Association of Namibia buys the premises at 94 John Meinert Street in Windhoek West where House Acacia is located today, for N\$100 000 and start renovations costing N\$90 000. The Executive Committee makes Dr May Honorary Life President for his ongoing interest and involvement with the association.

1986: Inauguration of House Acacia and office complex by the wife of the last Administrator-General of South West Africa/Namibia, Mrs Isabel Pienaar. House Acacia is the first (and still only) interim home for cancer patients.

1990: Namibia becomes independent and the association formally changes its name to the Cancer Association of Namibia (CAN). Dr May becomes the first patron of CAN in an independent Namibia.

1991: CAN presents the first mammogram machine to the Minister of Health & Social Services, Dr N. Iyambo and it is housed in the Windhoek Central Hospital.

1995: The Ministry of Health and Social Services announces the establishment of its first radiotherapy department to be housed at the Windhoek Central Hospital. The minister honours our late founder by naming the complex the Dr A.B. May Cancer Care Centre.

1995: The executive committee extends House Acacia to take part of the patient load once the radiotherapy department is complete. The property currently housing the CAN head office at 90 John Meinert Street is purchased for N\$260 000. The Masonic District Grand Lodge donates N\$100 000 for the establishment of the Ron Weber Wing at House Acacia.

1996: The Ron Weber Masonic Wing at House Acacia together with CAN's new head office at 90 John Meinert Street is officially inaugurated exactly 10 years after House Acacia opened.

14 Aug 1997: Official opening of the Dr A.B. May Cancer Care Centre at the Windhoek Central Hospital.

1999: The Namibia National Cancer Registry, a collaboration between Rössing Uranium, CAN and the Dr A.B. May Cancer Care Centre that began in 1995, produces the first ever official Incidence Report on cancer cases in Namibia.

2002: The Children Fighting Cancer in Namibia (CHICA) Fund is formally established within the structures of CAN to support young Namibians fighting cancer.

2004: The Namibia National Cancer Registry (NNCR) joins hands with the African Cancer Registry Network (AFCRN) to expand the registry, focusing on quality data capturing and research.

2009: The Bank Windhoek Cancer Apple Projects makes a record of N\$1 000 000!

2015: CAN establishes the National Cancer Outreach Programme in partnership with the Gondwana Collection. It is primarily funded by the annual Cancer Ball and some of the proceeds of the Bank Windhoek Cancer Apple Project.

2016: Extensions and upgrades to the head office and clinic at 90 John Meinert Street commence in order to better services to Namibians. In May the new wing is taken into use. The National Cancer Registry, Circle of Hope, CAN Medical Centre and administrative team now have a home!

2017: CAN purchases the property at 6 Willan Street, adjacent to House Acacia, and the CHICA Interim Home for children fighting cancer is officially opened in March of this year by CEO, Rolf Hansen and the Deputy Minister of Health and Social Services, Juliet Kavetuna.

2017: The CAN Erongo Centre in Swakopmund, that is housed in the smallest of 3 units bequeathed by Heiko Behrens to CAN, is officially opened by the Deputy Minister of Health and Social Services, Juliet Kavetuna and CAN CEO, Rolf Hansen, in August of 2017. The centre has an administrative function and dispensary, with a clinic that serves the Erongo community.

2017: The Bank Windhoek Cancer Apple Projects makes a record of N\$3 000 000!

2018: More extensions and renovations commence at House Acacia and the official opening of the Kurt Johannesson Wing, supported by the FNB Foundation, the NAMSOV Community Trust and Namibia Breweries Ltd, is opened on 8 June 2018 by former CEO, Kurt Johannesson, current CEO Rolf Hansen and the Deputy Minister of Health and Social Services, Juliet Kavetuna. The new wing houses an additional 13 beds, bringing the total patient capacity to 35.

2019: The CAN Hardap Centre situated at the Old Rhenish Church in Rehoboth is officially opened by governor Esme Isaaks of the Hardap region in January. It is manned by the Rehoboth Voluntary Committee.

2019: CAN CEO Rolf Hansen undertakes the task of forming the Namibian Alliance for Rare Diseases in February to address the plight of not only rare forms of cancer, but all rare diseases plaguing the nation. The first Rare Diseases Medical Seminar is hosted on World Rare Diseases Day (28 February) with Dr Annelie Zietsmann of the Dr A.B. May Cancer Care Centre leading discussions on how rare diseases and rare cancers need urgent interventions.

3. Mission

The Cancer Association of Namibia (CAN) in cooperation with the community, fights cancer and its consequences countrywide for the benefit of all Namibians by supporting research; health education and information; care and support services.

4. Aims and Objectives

It is the distinct aim of CAN to educate the general public regarding the prevention, early detection and dangers of cancer. CAN renders a welfare service to all cancer sufferers according to established criteria.

Education and supplying information is an ongoing process. By way of our annual program and by invitation, we raise awareness in different sectors of the community, i.e. schools, farm communities, religious denominations, women organisations, corporate exhibitions and CAN fundraisers. The Namibian media (electronic and written) is highly supportive of our services and activities, and continuously provide us with extensive coverage. Talks on various radio and television stations are regularly given with the emphasis on the impact of lifestyle and health. Leaflets and the Cancer Education Guide on all aspects of the 11 most common cancers affecting Namibians are distributed at every possible opportunity with the focus on prevention and early detection.

Welfare is at the core of serving cancer patients in Namibia. CAN offers its care and supportive services, not only to patients, but also to their families. The association also provides equipment in the form of hospital beds, commodes, wheelchairs, oxygen, and more on loan, free of charge to cancer patients. Items such as colostomy bags/urostomy products, prostheses, nappies and nutritional supplementary products (Ensure, Life Gain, E-Pap) are sold at cost price to cancer patients. The association, strictly following the criteria set by the Board of Trustees, financially assists patients without a medical aid as well as those with no/or low income.

Research is costly. The association sets funds aside every year to support research. In 1998 CAN presented the first Namibian cancer Incidence Report to the Minister of Health and Social Services. This register is updated on an ongoing basis, and results are published every 3-5 years. Subsequent reports were published in 2003, 2009 and 2016. The most updated Namibian National Cancer Registry Incidence Report will be published in 2019.

5. Governing Body

CAN is governed by an Executive Council serving as Board of Directors, elected from the broad public at an Annual General Meeting every third year. It comprises a President/Chairperson, a Vice-President/Vice-Chairperson, a Treasurer, Secretary and (a minimum of) four additional members. CEO Rolf Hansen oversees the nationwide operations of the association, as well as the functioning of all sub-committees (all volunteers) throughout Namibia. The CEO also acts as National Director of the Namibia National Cancer Registry. Grant Thornton Neuhaus Auditors present annual financial statements.

6. Staff complement

The CAN Head Office is situated at 90 John Meinert Street, Windhoek West (telephone 061-237740, www.can.org.na or help@can.org.na). The office of the Chief Executive Officer, the National Operations Manager, the Senior Company Nurse and National Projects Coordinator as well as primary support staff are housed here.

A matron and support staff take care of managing the House Acacia Interim Home for adult cancer patients (94 John Meinert Street, Windhoek West), while a supervisor is responsible for the managing the CHICA Interim Home (6 Willan Street, Windhoek West).

An office administrator, receptionist and ad hoc nurse oversee operations at the CAN Erongo centre in Swakopmund (3C Ferdinand Stich Street) while the CAN Hardap Centre (Old Rhenish Church Complex, Rehoboth) is manned by the Rehoboth Voluntary Committee.

Voluntary sub-committees, together with hundreds of dedicated volunteers across the country, assist CAN in executing its enormous tasks.

7. Achievements

CAN is proud of its many achievements which include:

- The purchase of several properties to maximise its service to the people of Namibia.
- Reach for Recovery supports women who have undergone mastectomies (1978);
- Opening of House Acacia after extensive renovations to the original building (1986);
- Presentation of the first mammogram machine to the Ministry of Health and Social Services (1991);
- The establishment of the National Cancer Outreach Programme (2015);
- The purchase, renovations and opening of the CHICA Interim Home for childhood cancer patients (2017);
- The opening of the CAN Erongo centre in Swakopmund (2017);
- The expansion of head office and establishment of the CAN Medical Centre (2017); and
- The construction and opening of the new Kurt Johannesson Wing at House Acacia Interim Home (2018);
- The purchase of a dedicated 4x4 vehicle to service rural Namibia (2018);
- The publication of the Cancer Incidence Report in Namibia (1998, 2003; 2010 & 2016), while the first online cancer notification system in Africa was developed by CAN and project partners during 2017/2018.

The above are all measurable in terms of capital layout. The moral support and physical assistance the staff has given to thousands of cancer patients over the years, cannot be measured. Given that approximately 3 500 new cancer patients are diagnosed every year, one shudders under the tremendous task of the association.

8. Support groups

Reach for Recovery is a breast cancer support group consisting of volunteers, all of whom were diagnosed with breast cancer and survived. Reach for Recovery supports cancer patients and their families irrespective of culture, religion, race or social standing. Our mission is to diligently strive to reduce the mortality rate and combat the social stigma associated with breast cancer.

CHICA Namibia (*Children Fighting Cancer in Namibia*) aims to foster increased public awareness and bring knowledge of childhood cancer warning signs to the general public. Along with offering emotional and financial support to enhance the quality of life of patients and their families, CAN renders financial support when required according to established criteria.

Standard Bank Circle of Hope is a fully inclusive peer-to-peer support network that was established in 2017 to support all cancer patients and their families emotionally during the diagnosis, treatment and subsequent return to society post treatment. Pre-grieving and death counselling also forms part of the support system. This project is funded by Standard Bank Namibia as anchor sponsor every year and Lewis Stores as co-sponsor since 2017.

9. Projects

In order to sustain the programmes initiated and executed daily, the Cancer Association of Namibia is heavily dependent on the success of fundraising projects in addition to awareness and education drives. Several projects run throughout the year to sustain the fund, while others overlap with the educational cause to fight cancer in Namibia:

December – March	<ul style="list-style-type: none">• Sunsmart Skin Cancer Awareness Month (since 2005)
February	<ul style="list-style-type: none">• World Cancer Day (since 2008)• World Childhood Cancer Day (since 2007)• World Rare Diseases Day (since 2019)
March	<ul style="list-style-type: none">• Health & Nutrition Month• National Spray-a-Thon (funded by ROCHE)
April	<ul style="list-style-type: none">• CHICA Golf Day (2007-2014)• Shake a Can for Cancer (2017)
May	<ul style="list-style-type: none">• Lung Cancer Month• World No Tobacco Day (31 May)
June	<ul style="list-style-type: none">• Men's Health Awareness: Prostate & Testicular cancers• Blue Day / Month Campaign (since 2016)• Men's Breakfast (2016-2019)• Sanlam Golf Challenge (since 1994)
July	<ul style="list-style-type: none">• Bank Windhoek Cancer Apple Project (since 2001)• Colorectal Cancer Awareness Month• Boot Out Cancer Day (2011 - 2016)
August	<ul style="list-style-type: none">• Cancer Prevention Week (First week in August)• Sanlam Cancer Golf Challenge Championships (since 1994)
September	<ul style="list-style-type: none">• Women's Health Awareness Campaign: Cervical Cancer• Yellow and Gold in the Fight against Childhood Cancer (since 2015)• International Childhood Cancer Awareness Month• National Cancer Walk (since 2015)
October	<ul style="list-style-type: none">• Women's Health Awareness Campaign: Breast Cancer• Hats & Roses Ladies Breakfast (since 2005)• Hats & Roses Ladies Event Swakopmund (since 2018)• Pink Day / Month (since 2008)• Praying in Pink (since 2010)
November	<ul style="list-style-type: none">• Movember Campaign (since 2008)• Christmas Memories Concert (since 2006)• Project Blue (2019)
December	<ul style="list-style-type: none">• CHICA Carols by Candlelight (since 2016)

* **Sanlam Breast Cancer & Pap Smear Clinics (since 1992)**

* **National Cancer Outreach Programme (NCOP) (Since August 2015)**

A dedicated CAN medical team visits each of the 14 regions to conduct complimentary screening clinics for cervical cancer, breast examinations and prostate cancer prevention, while awareness and community education talks are also conducted. Since 2015, more than 30 000 Namibians have been screened for free through the NCOP.

*** Bank Windhoek Cancer Apple Project: “Eat Healthy. Live Healthy. Prevent Cancer”**

The main objective of this project is to reach all Namibians with the message “prevention is better than cure” by following a healthy lifestyle in order to reduce the risk of developing cancer. CAN, together with Bank Windhoek, takes this message even further by fostering a sense of responsibility towards their own health. For a N\$5 donation, each supporter receives an apple and a bookmark with important information and tips on how to live healthily and to prevent cancer. Bank Windhoek became the main sponsor of this project in 2001 and to date has raised more than N\$20 million for the Cancer Association of Namibia.

This project was also recognised as one of 16 global innovative fundraising initiatives to fight cancer at the 2018 World Cancer Congress in Kuala Lumpur, Malaysia.

Statistics for apples sold:

Year	Apples Sold	Amount Raised
2002	172 000	N\$209 000
2003	262 000	300 000
2004	400 000	410 000
2005	430 000	470 000
2006	680 000	700 000
2007	832 000	700 000
2008	420 000	750 000
2009	550 000	N\$1 Million
2010	650 000	N\$1,250 000
2011	760 000	N\$1,400 000
2012	874 000	N\$1,326 000
2013	900 000	N\$1,133 000
2014	900 000	N\$1,800 000
2015	673 112	N\$2,600 000
2016	817 428	N\$2,900,000
2017	747 567	N\$3 Million
2018	741 457	N\$3 Million

To encourage schools to participate in the Bank Windhoek Cancer Apple Project, the bank awards a prize to the winning schools. The top three schools that purchase the most apples in the pre-primary, primary and secondary categories, each receive prize money and stationery packs. To give even the smallest school a chance of winning, the ratio between the number of apples purchased and the number of pupils is calculated.

As part of the project, the Bank Windhoek Entrepreneurial Challenge encourages internal competition between bank employees by receiving “seeding capital” and then creating innovative fundraisers to generate more money. The seeding capital and all profits derived are reinvested in the apple project, while the winning branch receives a financial prize that is used as part of their branch/department’s year-end function in November.

*** World Cancer Day**

World Cancer Day highlights the need for urgent action to increase early stage cancer detection, screening and diagnosis to significantly improve cancer patients’ chances of survival. World Cancer Day is led by the Union for International Cancer Control (UICC) and aims to inspire action from individuals, the health community and governments to improve public awareness and access to early detection, screening and diagnosis. World Cancer Day allows CAN the opportunity to raise public awareness through the media at a national level.

Namibians should pay close attention to these very important messages:

1. We have to make the necessary lifestyle changes which are in our control to try and prevent cancer.
2. Know the early warning signs of cancer
3. Go for screenings
4. Fear, ignorance and complacency lessen survival rates.

5 Ways in which we can help prevent cancer:

1. Being overweight can lead to cancer later in life – manage your biomass
2. Regular exercise is critical
3. Stop smoking – prevent 1000's of new cancer cases yearly
4. Limit alcohol consumption
5. Eat five portions of fruit and vegetables daily

To reduce the burden of cancer, early detection is imperative – know the seven warning signs of cancer:

1. A lump or thickening in the breast or elsewhere
2. Unusual bleeding or discharge
3. Change in normal bowel or bladder habits
4. Hoarseness or cough
5. Indigestion or difficulty in swallowing
6. Change in a wart or a mole
7. Sudden loss of weight

Why do we delay going to a doctor? Fear, ignorance and complacency.

* **World Childhood Cancer Day**

International Childhood Cancer Day is commemorated on 15 February every year to raise awareness and to express support for children and adolescents with cancer, survivors and their families. Each year, approximately 300 000 children are diagnosed with cancer – a disease that touches countless families and communities in all regions of the world. With access to quality care, more than 80% of children with cancer can survive, living full and healthy lives. However, many children in low- and middle-income countries do not receive or complete care and, as a result, over 90% of childhood cancer deaths occur in low resource settings.

A global response is needed to give every child the best chance of surviving cancer free – to raise awareness, improve access, better understand why and where children are diagnosed with cancer through cancer registries, and to offer the best possible treatment, palliative care and support for children and their families. The World Health Organisation (WHO) has highlighted the importance of diagnosing childhood cancer early while improving access to treatment for children and adolescents with cancer.

On International Childhood Cancer Day, we pause to recognise contributions from advocates around the world and call for renewed collaboration to care for children with cancer around the world.

The continuous campaign message consists of five key concepts:

1. Provide a smoke-free environment for children (no smoking in homes and cars!)
2. Encourage an energy-balanced lifestyle (regular physical activity and low-fat diet, avoid obesity)
3. Learn the facts about vaccinations (HBV & HPV)
4. Teach your children to be sun-smart - enjoy the sun but be responsible!
5. Being overweight or obese can damage your body – exercise and living actively is a healthy decision!

In 2015, CAN launched the first Yellow and Gold in the Fight against Childhood Cancer campaign in Africa. This project forms part of a global campaign to create awareness and to raise support in the fight against various forms of childhood cancers that affect our youth.

The prevalence of overweight and obesity is rising dramatically among adults and children around the world. According to the WHO, one in every ten school-age children is overweight. Dietary factors, physical inactivity, overweight and obesity are estimated to account for approximately 30% of cancers in western countries, making diet and physical activity second only to tobacco as a preventable form of cancer. This proportion is thought to be about 20% in developing countries and is projected to grow.

“Energy balance” is defined as a balance between energy intake in the form of food and drink, and energy output in the form of physical activity. An imbalance between energy intake and energy output leads to weight gain or loss.

10. Partnership between CAN and the Ministry of Health and Social Services - training of Registered Nurses in Pap Smear and Breast Examinations

Introduction

Cancer prevention and control is part of the reproductive health program of the Ministry of Health and Social Services (MoHSS). The ministry provides services aimed at promoting cancer prevention, reducing cancer risk, improving cancer detection, increasing access to health and social services, and reducing the stress of cancer. Self-examination and screening programs of reproductive organs have the potential to detect abnormalities that may be related to cancers at a less advanced stage. It enhances survival and quality of life for cancer patients and their families.

In view of the above and in order to ensure comprehensive awareness, an increased uptake of services aimed at prevention and early detection of cervical and breast cancers in Namibia, the Reproductive Health Unit of the Primary Health Care Directorate of the MoHSS and CAN, trained Registered Nurses from 35 health districts between February 2009 and 31 December 2009, with the financial and technical support of the UNFPA as indicated in the Annual Work Plan (AWP) of the MoHSS/UNFPA for Emergency Obstetric Care (EmOC).

Rationale

According to MoHSS Health Information System data of 2003/4-2007/8, cervical cancer is the most common cause of mortality in Namibia, followed by breast and prostate cancer. Cervical and breast cancers can be prevented and treated if detected early. A Pap smear examination is one of the procedures used to screen for cervical abnormalities in women while breast examinations are performed to detect abnormalities at an early stage. If any abnormality is detected through the screening and examinations, trained nurses refer those women for treatment. This helps to minimise the chance of women dying of preventable cancers in Namibia.

National Cervical Cancer Awareness, Screening and Treatment Guideline

In 2016, CAN joined the multi-disciplinary and multi-stakeholder task team to develop a national guideline and policy to serve as intervention in the fight against cervical cancer in Namibia. CAN's National Cancer Outreach Programme uses a mobile unit to spread the word on cervical cancer. In August 2018, the Prime Minister's office and MoHSS officially launched the new Cervical Cancer Screening and Treatment Guideline. CAN remains committed to the lives of Namibian women and supports this national initiative wholeheartedly.

11. Interim Homes: House Acacia & CHICA House

Background

Interim homes form a key component of cancer treatment and at CAN's House Acacia (for adult cancer patients) and the CHICA Interim Home (for childhood cancer patients, we aim to provide caring "homes of hope" for those undergoing treatment. Patients make our homes their home during their 6-weekly treatment plans, or for follow-ups in preventing the spread of cancer. Our patients hail from more than 24 residential hubs nationwide and include the full spectrum of the Namibian house. We pride ourselves in honouring culture, diversity and focusing on the core aspect of cancer treatment by supporting the individual and embracing the cancer journey together.

House Acacia was established in 1986 with nine beds at 94 John Meinert Street, Windhoek West. The exclusive purpose of this interim house was to accommodate out-of-town cancer patients (mainly from rural areas) undergoing treatment at the Dr A.B. May Cancer Treatment Centre. Ten years later, to address the serious lack of space, House Acacia was extended to accommodate 21 beds. Linen and towels are provided.

During 2017/18, the new and modern Kurt Johannesson Wing was constructed with additional rooms, wards, bathrooms and a new dining room, to accommodate 35 patients.

CHICA House was established in 2016 when a serious lack of accommodation for childhood cancer patients was experienced at Windhoek Central Hospital's Paediatric Oncology Centre. Mothers accompanying their children receiving cancer treatment are only allowed to stay in the hospital for one or two weeks at the most. They are often left destitute, with no place to go and are forced to return to their rural or village home, leaving the young cancer patient alone in the hospital. At CAN we believe that the less stress and emotional trauma is placed on the family (especially the child patient), the better the chances are for effective treatment and recovery.

The home currently accommodates 16 mother-and-child stays and an urgent need for expansion has been experienced since January 2019 as childhood cancer cases increase in Namibia. CAN provides three nutritional meals a day, transportation to treatment centres as well as psychosocial group therapy through the Standard Bank Circle of Hope Programme on Thursdays.

Our interim homes offer sufficient space and quiet areas for privacy, reading and meditation. A lounge with a television, is available where patients can stay updated with current affairs or watch their favourite programs. Every effort is made to create a tranquil atmosphere that is conducive to healing.

Annual operational costs of the two homes

The operations of the two interim homes equate to some of the largest portions expended to support cancer patients. Until now, Namibians from all corners of the country have been accommodated free of charge and provided with three nutritional meals and transportation daily.

House Acacia can accommodate 35 patients and the CHICA house 16 patients while receiving treatment in Windhoek. Since January 2019, our beds have been fully occupied and the waitlist continues to grow.

CAN covers House Acacia’s running costs through fundraising projects, donations and kind-hearted volunteers. The annual cost per financial year is in excess of N\$740 000. This includes groceries, cleaning materials, security services, municipal costs, staff salaries, fuel, television, garden expenses and maintenance.

Regretfully, the prevailing economic climate in the country, increases in food prices, higher municipal tariffs and increasing patient numbers needing assistance, has necessitated CAN to implement a nominal donation structure to allow us to keep our doors open and to continue providing this critical function and all services related thereto, in respect to the homes.

Consequently, as of 1 March 2019, patients needing accommodation will be asked to donate N\$150 per day to cover some of the costs incurred for preparing the three meals provided. Accompanying spouses shall be required to make a donation of N\$250 per night, subject to the availability of beds. This amount is anticipated to cover at least some of the meal expenses and lodging. Patients are provided with formal documentation that can be presented to their medical aids to claim back these amounts later, should they have this option. Patients who are not able to make the required donation are encouraged to apply for CAN’s Patient Financial and Accommodation Assistance Programme at health2@can.org.na or 061 237740 in advance.

The Patient Financial Assistance Programme traditionally assisted patients with transport support, financial help in terms of co-payments, monthly subsidies, nutritional food supplements and/or outstanding hospital/medical accounts. It therefore continues to play a vital role despite of and in fact especially in view of the current Namibian climate, to those who require assistance. Support may be provided subject to the policies and guidelines currently in place and as may be further approved and implemented by the Board of Directors from time to time.

12. Closing

Reflecting on its success, the generosity of the general public can never be denied. If it was not for their positive and giving attitude towards the Cancer Association, no success would have been possible.

The Cancer Association of Namibia thanks and respects all our contributors and supporters. All contributions in whatever form, large or small, has made a visible difference to a cancer sufferer, somewhere, somehow.

