**COMMUNITY HEALTH AND DEVELOPMENT PROGRAMMES AND PROJECTS PROPOSAL OF THE SOLIDARITY COMMUNITY CARE ORGANISATION FOR 2016-2020**

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# INTRODUCTION

## Vision, Mission and Values

### Our vision

The vision of Solidarity Community Care Organisation is humankind that is safe from the danger of HIV/AIDS and poverty, because we, the present generation, have sufficiently understood and effectively eradicated HIV/AIDS and poverty for the benefit of future generations.

### Our mission

The mission of Solidarity Community Care Organisation is to contribute meaningfully to the anti-HIV/AIDS and anti-poverty efforts with the purpose of extending HIV/AIDS care and support as well as poverty eradication services to remote areas without such services in Ohangwena, Oshikoto, Khomas, Oshana and Omusati regions of Namibia.

## Our values

Solidarity Community Care Organisation members believe in:

1. **Working in friendship and team spirit**, we believe that people dedicated to anti-HIV/AIDS and anti-poverty efforts must do so in unity. We must always remember that our enemies are HIV/AIDS and poverty, and not our colleagues. We believe that time wasted in infightings allows HIV/AIDS and poverty to escalate and must, therefore, be avoided at all costs. That is why we call for solidarity to confront HIV/AIDS and poverty in unison!
2. **Honesty**; we have the responsibility to account transparently for the use of the resources entrusted to us for the prevention and eradication of HIV/AIDS and poverty. This means that our members, sponsors, partners, beneficiaries and stakeholders have the right to know how the resources at our disposal are solely used to prevent and eradicate HIV/AIDS and poverty.
3. **Commitment to the provision of quality community-based care and community development services for our clients**, members and Community Home Based Care Providers; this means that while providing care and support to our clients in the community, we must also take care of our own members and Community Home Based Care Providers. Therefore, the belief that people will prevent HIV/AIDS and eradicate poverty only if they understand their causes sufficiently, guides our work and so we work consistently to raise awareness for effective HIV/AIDS prevention and poverty eradication.

# THE GOAL AND DATE OF FOUNDATION OF THE SOLIDARITY COMMUNITY CARE ORGANISATION

The goal of the Solidarity Community Care Organisation is to contribute meaningfully to the anti-HIV/AIDS and anti-poverty efforts with the purpose of improving health and welfare of HIV-positive and poor individuals and communities affected by HIV/AIDS and poverty.

Mr Constancio Hishiyukifa Mwandingi, Founder and Executive Chairperson of Solidarity Community Care Organisation, founded the organisation on 24 March 2006 after being diagnosed with HIV in October 2004 and felt that he needed to take whatever action he could to help prevent and eradicate HIV/AIDS and poverty and bequeath a better future to Namibian children.

The Ministry of Health and Social Services registered Solidarity Community Care Organisation as a Welfare Organisation (WO 311) on 30 November 2007.

Other founding and National Executive Committee Members of the Solidarity Community Care Organisation are:

1. Vacant, National Executive Committee Member and Vice–Chairperson, based in Khomas Region (; responsible for Khomas and Ohangwena regions);
2. Ms Veronica Haimbodi, National Executive Committee Member and National Secretary, based in Khomas Region (+264 812 141 575; responsible for Khomas and Ohangwena Regions);
3. Mrs Christophine Shipanga, National Executive Committee Member and Regional Representative, based in Oshikoto Region (+264 812 949 868; responsible for Omutsegonime community and Oshikoto Region);
4. Mrs Theopolina Nghishoongele, National Executive Committee Member and Regional Secretary, based in Oshikoto Region (+264 812 587 485; responsible for King Kauluma community and Oshikoto Region);
5. Ms Angelina Elago, National Executive Committee Member and Founding Member, based in Oshana Region (+264 813 125 141; responsible for Oshakati West Constituency and Oshana Region);
6. The late Ms Karen Shiimi (RIP), National Executive Committee Member and Regional Representative, was based in Oshana Region and was responsible for Oshakati West Constituency and Oshana Region;
7. Ms Rebbeka Mwatange, Founding Member, based in Ohangwena Region (+264 812 284 121); and
8. Ms Ndahambelela Leonard, National Executive Committee Member and Regional Representative, based in Ohangwena Region (+264 813 604 932; responsible for Onekuta community and Ohangwena Region).

In addition, Solidarity Community Care Organisation has an Advisory Council (AC) consisting of the following members:

1. Ms Hambeleleni Hainghumbi (+264 813 575 208, Box 3746, Ongwediva) Acting Chairperson-HIV-positive people voice;
2. Ms Sofia Alfeus (+264 816 553 850) Member Community Relations;
3. Ms Letitia Vatileni (+264 812 306 132) Member Administration and Secretary;
4. Mr Andreas Muleka (+264 81 734 4928, Box 583, Ondangwa) Member Finance; and
5. Dr David Uirab (+264 811 275 590, Box 50132, Bachbrecht) (Male, Acting Deputy Chair-Medical Advice).

The main role of the Advisory Council is to oversee and advise the organisation on better strategies and methods for achieving its goals and objectives and mobilising resources.

Solidarity Community Care Organisation has more than 200 volunteer Community Home Based Care Providers in Ohangwena, Oshikoto, Khomas, Oshana and Omusati regions of Namibia, 151 of these are trained in Community Home-Based Care and Community Development. The Community Home Based Care Providers of the organisation have been providing community-based healthcare and development services, mostly HIV/AIDS care and support, to more than 6000 clients per year since 2008. In addition, the organisation has been implementing income generation and food security programmes and projects in order to contribute to poverty eradication efforts in the country through employment creation in the five regions.

About 80 members of the organisation still need to be trained in community home-based care and community development. The organisation is seeking financial support to this effect.

The work of Solidarity Community Care Organisation was recognised when it won the National Jet Community Awards 2008 for Namibia in 2008.

To this point, the following have been the major achievements of the Solidarity Community Care Organisation:

1. Construction of a Community Health and Development Centre at Etope village in the Omulonga Constituency, Ohangwena Region, in 2009, with funding from the US Ambassador’s Self-Help Program and the Jet Community Awards 2008.
2. Connection and provision of potable water and electricity to the Community Health and Development Centre of the organisation in 2016-2011, thanks to the funding by the Canada Fund for Local Initiative (CFLI), through its office in South Africa.
3. Completion of the First Phase (Construction Phase) and the Second Phase (Installations Phase) of the Community Health and Development Centre of the organisation at Etope village in July 2009 and 30 January 2013 respectively.
4. Starting of Hammer Mill Project at King Kauluma Community as one of the important income generation projects of the organisation in the Oshikoto Region, supported by the Germany Embassy in Namibia. However, this project did not work according to plan due to mechanical and fuel supply problems that needed to be sorted out urgently in order to make sure that it is generating the necessary income for the organisation and its programmes as it was originally planned.
5. Successful expansion to new communities and areas, as well as the recruitment of new members, especially in Tsumeb Town, Oshikoto Region, Omadano village in Omundaungilo Constituency, Eenhana Town, Ohangwena Region, and in the Khomas and Omusati (Outapi) regions.
6. **Although the organisation did not yet achieve its final goals, it is carrying out an ongoing fundraising campaign aimed primarily at the acquisition of home-based care kits, training of new members and the starting of the Third Development Phase of its Community Health & Development Centre at Etope village, Ohangwena Region. Namely, the Furnishing, Equipping and Renovation Phase, in order to make the Centre fully-fledged and working fully as intended to increase the service delivery capacity of the organisation.**

# SUMMARY OF THE PROGRAMMES AND PROJECTS OF SOLIDARITY COMMUNITY CARE ORGANISATION

Solidarity Community Care Organisation focuses on HIV/AIDS and poverty eradication by providing the following main programmes and services:

## THE COMMUNITY HOME-BASED CARE PROGRAMME

The Community Home-Based Care Programme of Solidarity Community Care Organisation is aimed at disease prevention and reduction in the community by providing community home-based care and promoting community health targeting more than 10,000 people per year.

**Under this programme, the organisation provides the following services:**

1. High-quality community home-based care; to alleviate suffering, including home visiting for physical care and psychosocial support of clients, distributing painkillers, multivitamins and condoms to HIV-positive people and community members in need;
2. Community health; including personal and environmental hygiene, access to safe drinking water and basic sanitation as well as food production, availability and security;
3. Assistance to HIV-positive people to live positive lifestyles through counselling, mutual support, encouragement and support groups;
4. Treatment support to people on ARV and TB medication and facilitating referrals between the organisation and local clinics/hospitals, especially from the remotest and inaccessible communities;
5. Training and supporting families to enable them to take care of their relatives at home;
6. Community training in HIV-AIDS and TB care and support;
7. Maternal and child health support services within communities; counselling and encouraging mothers to attend antenatal and postnatal services and helping to prevent child malnutrition through community education, targeting mothers; and
8. Supporting national child immunisation campaigns within the community; mobilising communities, raising awareness, direct participation and providing venues for immunisation campaigns.

**To implement the Community Home-Based Care Programme successfully, the organisation urgently needs funding for the following activities:**

1. Renovation and upgrading of the organisation’s Community Health and Development Centre at Etope laShilongo village, in Omulonga Constituency, Ohangwena Region, **for about N$200,000**;
2. Procurement of medicines and pharmaceuticals for the provision of community home-based care, **for about N$120,000**;
3. Procurement of office furniture and equipment for the Community Health & Development Centre of the organisation to serve better the clients, **for about N$50,000**;
4. Procurement of office stationery in order to run the Community Health & Development Centre efficiently for the benefit of clients, **for about N$10,000**;
5. Maintenance and upgrading of water and electricity infrastructures at the Community Health & Development Centre of the organisation to continue providing potable water and electricity to clients and the community, **for about N$125,000**; and
6. Provision of training in community home-based care, especially HIV/AIDS and AIDS counselling for both organisation and community members, **for about N$50,000**.

## THE COMMUNITY MOBILISATION, INFORMATION AND EDUCATION PROGRAMME

This programme is focusing on HIV prevention by mobilising, informing and educating over 16,000 community members per year to prevent HIV, mainly through the following strategies:

1. Promotion of behavioural change, including reducing concurrent relationships and using condoms constantly and correctly;
2. Promotion of biomedical strategies, including male circumcision and the prevention of mother-to-child HIV transmission (PMTCT);
3. Promotion of HIV Treatment as Prevention (TasP), and treatment of other viruses and sexually transmitted infections; and
4. The promotion of social justice and human rights in HIV-AIDS.

**To implement the Community Mobilisation, Information and Education Programme successfully, the organisation urgently needs funding for transport and Information, Education and Communication (IEC) materials.**

Transport is needed in the form of a 4x4 vehicle (s) to reach the outmost rural communities, but it can also be in the form of motorbikes, bicycles or money to pay for public transport when visiting inaccessible communities, **for about N$589,900**.

The organisation will accept IEC materials about HIV prevention and treatment that are applicable to the Namibian context. However, it also welcomes funding to develop IEC materials locally in consultation with the beneficiaries. According to the United Nations Population Fund (UNFPA*), health, including HIV/AIDS information, can be communicated through various channels (or methods) to increase awareness and assess the knowledge of different populations about various health, and HIV/AIDS issues, products and behaviours. These methods might include interpersonal communication; such as individual discussions, counselling sessions or group discussions and community meetings and events or mass media communication; such as radio, television and other forms of one-way communication, such as brochures, leaflets and posters, visual and audio visual presentations and some forms of electronic communication*, **for about N$260,960**.

## THE EMPLOYMENT CREATION AND INCOME GENERATION PROGRAMME

This programme is aimed at sustaining the organisation and its programmes, generating income for organisation members and the beneficiaries of its activities as well as contributing to poverty eradication in Namibia through employment creation for at least 450 people by December 2020 (the annual target is to employ about 100 people).

**To implement of the Employment Creation and Income Generation Programme successfully, the organisation urgently needs funding for the following projects:**

1. Setting up of three Community-Based Information and Technology Centres (CITCs) in Katutura, Oshikango and Oshakati, as employment creation and income generation projects, **for about N$420,000**.
2. Sewing and Needlework projects; sewing of school uniforms for orphans and vulnerable children and knitting of babies/children garments by the organisation and community members, **for about N$250,200**.
3. Vegetable and Fruit Gardens projects by the organisation and community members; small and medium-sized gardens, where fresh vegetables, including cabbages, carrots, sweet potatoes, eggplants, peppers, lettuce, sugar cane, beans, maize, watermelons and pumpkins, will be grown to feed orphans and poor HIV-positive people. Fruit plants such as mangoes guavas, pears and oranges will be planted for the same purpose. Any surpluses of the produce will be sold to the public for income generation to sustain the organisation and its programmes, **for about N$75,000**.
4. An Agricultural and Farming Implements Project for income generation; ploughing tractors are usually scarce in North-Central Regions of Namibia during the planting season. Therefore, if the organisation acquires ploughs and other farm implements, it will be able to help its members and other communal farmers to cultivate their crop fields on time in order to produce food and ensure food availability and security while generating income to sustain the organisation and its programmes simultaneously, **for about N$260,000**.

The innovative idea of setting up Community-Based Information and Technology Centres is a noble attempt to link Information Communication Technology (ICT) with HIV prevention and poverty eradication by attracting the public, especially people of 15-49 years’ age group, to the proposed centres with services such as computer training, selling of recharge for cell phones, copying, typing, email and internet services.

The idea is that while people are visiting the Community-Based Information and Technology Centres for the above-mentioned services, they will be educated and given HIV prevention and treatment information through specifically designed leaflets and distributing condoms from the centres.

The proposed Community-Based Information and Technology Centres will also run regular competitions concerning HIV prevention awareness and the winners of such competitions will be rewarded with free recharge vouchers (or airtime) for their cell phones. Those who on their own ask for condoms from the centres will also be rewarded with recharge vouchers for their cell phones on a regular basis.

In essence, the proposed Community-Based Information and Technology Centres will generate income for the organisation, create employment and contribute to HIV prevention at the same time.

## THE SUPPORT FOR ORPHANS AND VULNERABLE CHILDREN PROGRAMME

The aim of this programme is to support 500 disadvantaged children, especially orphans and vulnerable children, attending kindergartens and support centres run by women who are members of the organisation at King Kauluma, Omutsegonime, Etope, Omadano, Outapi, Oshakati and Katutura communities, in Oshikoto, Ohangwena, Khomas, Oshana and Omusati regions of Namibia respectively.

The support to be provided under this programme, include **shelter-N$400,000** (basic structures or buildings to provide cover or protection for schooling and living), **healthcare-N$100,000** (community home-based care), **schooling-N$90,000** (supporting kindergartens and preschools that provide schooling to children under the age of five), **clothing-N$60,000** (especially with the purpose of providing hygienic protection, keeping infectious and toxic materials away from the children’s bodies and protecting them from harmful UV radiation) and **feeding-N$120,000** (providing community-based infant and young child feeding in accordance with UNICEF’s global strategy on infant and young child feeding, which has the overall goal of protecting, promoting and supporting optimal infant and young child feeding practices and soup kitchens) , **the total programme budget is about N$770,000**.

The implementation of this programme is expected to result in improved nutritional status, growth, development, health and ultimately the survival of infants and young children, including the promotion of exclusive breastfeeding as the perfect way of providing the best food for a baby’s first six months of life and adequate complementary feeding of children from 6 months onwards, which is particularly important for growth and development and the prevention of undernutrition.

## THE GENDER-BASED AND DOMESTIC VIOLENCE PREVENTION PROGRAMME

This programme is aimed at contributing to the fight against Gender-Based and Domestic Violence (GBV) in five regions in which the organisation works. GBV is endemic in Namibia and the organisation has decided to contribute actively and effectively to preventing this scourge in order to promote peace within families, women’s rights and gender equality in Namibia.

This will be done by offering the following services to victims of gender-based violence:

1. Counselling and psychosocial support;
2. Formation of support groups for victims of GBV;
3. Referral service to social workers, psychologist and other relevant services, based on victims’ specific needs;
4. Facilitate access to legal advice as required;
5. Assistance with immediate needs such as safe accommodation and social needs;
6. Assistance to start income-generation projects and small businesses to promote self-sustenance;
7. providing a hotline number for victims of GBV; and
8. Producing GBV materials, including pictures and videos.
9. Conducting a massive community education campaign on gender-based violence by conducting at least thirty-six (36) 5-day workshops and seminars for 1,800 selected women and 900 men in the five regions in which the organisation operates in order to educate them on the causes and ways of gender-based violence prevention.

The organisation will also carry out a massive community education campaign on gender-based violence by conducting no less than thirty-six (36) 5-day workshops and seminars for 1,800 selected women and 900 men in the five regions in which the organisation operates in order to educate them on issues of gender-based violence, especially on the causes and ways of gender-based violence prevention by December 2017. To this effect, the organisation needs urgent funding to **the tune of about N$300,000**.

# THE RESOURCES AT THE DISPOSAL OF THE SOLIDARITY COMMUNITY CARE ORGANISATION FOR THE IMPLEMENTATION OF ITS PROGRAMMES AND PROJECTS

To implement its programmes, projects and activities, the Solidarity Community Care Organisation has **a** **Community Health and Development Centre** at Etope village in Ohangwena Region and **a Hammer mill** in Oshikoto Region as important assets, which have improved its capability to provide the basic community home-based care and development services to the communities that it serves.

In addition, the organisation has **more than 200 members and Community Home Based Care Providers,** who provide the actual services to clients and the communities and manage its programmes, projects and activities on a daily basis. The communities served by the organisation, especially community and political leaders at village, constituency and regional levels, support and provide land and venues for the programmes and projects of the organisation.

No major difficulties have been experienced in the implementation of the organisation’s programmes, projects, and activities over the past 10 years of its existence. Furthermore, to avoid difficulties, all stakeholders have always been extensively consulted, and so far, no major difficulties have been encountered. However, natural disasters such as floods had delayed the implementation of some of the projects of the organisation in the past.

# THE RATIONALE FOR THE EXISTENCE OF SOLIDARITY COMMUNITY CARE ORGANISATION, ITS PROGRAMMES AND PROJECTS

## MAIN OBJECTIVES

The main objectives of Solidarity Community Care Organisation are:

1. To provide opportunities for individuals and communities to contribute meaningfully to anti-HIV/AIDS efforts through community-based healthcare and support services.
2. To renew vigour and dedication to anti-HIV/AIDS and anti-poverty efforts through community mobilisation, education and training of community members and community home based care providers.
3. To provide truthful and correct information about HIV/AIDS to individuals and communities affected by HIV/AIDS and poverty through HIV/AIDS counselling, encouragement, mutual support and information meetings.
4. To take HIV/AIDS care and support services, especially community-based healthcare and community development projects, to individuals and remote communities who have no access to such services.
5. To provide HIV/AIDS and TB treatment related information and support to individuals and communities, including coping with HIV and TB, protection after HIV and TB infection, antiretroviral therapy (HAART) and prevention of mother to child transmission (PMTCT).
6. To genuinely and meaningfully advocate for the rights and responsibilities of HIV-positive people, particularly with regard to services access and their interactions with health workers, local leaders and other stakeholders.
7. To carry out income generation and food security projects in order to contribute to poverty eradication through employment creation at the community level and to sustain the organisation and its programmes.

# HISTORY AND EXPERIENCE OF SOLIDARITY COMMUNITY CARE ORGANISATION

Solidarity Community Care Organisation is a registered Namibian Community-Based Welfare Organisation (CBO) founded on 24 March 2006.

To improve health and promote welfare for the beneficiaries of its projects in the communities where it works, the organisation trained 151 Community Home Based Care Providers in Ohangwena, Oshikoto, Khomas, Oshana and Omusati regions of Namibia starting in 2007 with funding from UNAIDS-Small Grants Fund in Namibia. It built a Community Health and Development Centre at Etope laShilongo village in the Omulonga Constituency, Ohangwena Region, in 2009 with funding from the U.S. Ambassador’s Self-Help Program and Jet Community Awards 2008.

The Community Health and Development Centre of the organisation now provides potable water to a kindergarten and the communities of Etope laShilongo and neighbouring villages and is connected to electricity since 2011 thanks to the funding provided by the Canada Fund for Local Initiatives.

The Community Home Based Care Providers of the organisation have been providing community-based healthcare and community development services, mostly AIDS care, psychosocial support, childcare and community development projects, in the five regions since 2007, reaching more than 12,500 people annually.

The membership of the organisation in all the five regions currently stands at more than two hundred (200) members. About seventy-nine (79) of existing members of the organisation still need to be trained in Community Home-Based Care and Community Development.

In 2014, the organisation recruited 25 new members in the town of Tsumeb in the Tsumeb Constituency, Oshikoto Region, and 5 more members at Omadano village in Omundaungilo Constituency, Ohangwena Region. In addition, in 2016, 21 members joined the organisation at Outapi in Omusati Region.

One of the important projects, which the organisation started in 2008 with funding from the German Embassy in Namibia, is a Hammer Mill Project at King Kauluma village in the Oshikoto Region. All programmes and projects of the organisation are designed to be mutually supportive irrespective of the community where they are located in order to sustain the organisation and its programmes.

The organisation is committed to continuing providing care and support to HIV-positive people in order to empower them so that they can continue to live healthy lives and continue to contribute meaningfully to the economic and social development of Namibia and the world over.

The other important component of the services provided by the organisation is community development through the implementation of community development projects for income generation and employment creation in order to contribute to poverty eradication in Namibia and the world over.

# PARTNERS OF SOLIDARITY COMMUNITY CARE ORGANISATION

The active partners of Solidarity Community Care Organisation are the communities of Eenhana towns and its surroundings, Etope laShilongo, Onekuta and Omadano communities in Ohangwena region. Tsumeb town, Omutsegonime and King Kauluma communities in Oshikoto region and its three (3) Community-Based Care and Development Teams in Khomas, Oshana and Omusati regions respectively.

These communities together with the community care and development teams of the organisation play direct and leading roles in planning, implementation and monitoring of programmes, projects and activities of the organisation, which are usually situated and implemented within their communities and townships.

Traditional, community and church leaders of these communities, as well as the political leaders-local and regional councillors of towns and constituencies-where the programmes and projects of the organisation, are implemented are also important partners of the organisation.

These partners participate directly and indirectly in planning, implementation and monitoring of programmes, projects and activities of the organisation. While organisation and community members plan and implement the programmes, projects and activities and directly participate, share and benefit from the ensuing benefits. On their part, community and political leaders provide necessary support and land for the implementation of the programmes, projects and activities of the organisation.

The principal funding partner of the organisation is the Canada Fund for Local Initiatives, which funded the installation of water and electricity connection to the organisation’s Community Health & Development Centre at Etope laShilongo village, in the Omulonga Constituency, Ohangwena Region, to the tune of about US$28,671 in 2010-2011.

Other important partners of the organisation are the US Ambassador’s Self-Help Program in Namibia and the Jet Community Awards 2008 that funded the Construction Phase of the Community Health & Development Centre of Solidarity Community Care Organisation at Etope laShilongo village from 2008 to 2009.

Now, the organisation is in the process of making its Community Health & Development Centre at Etope laShilongo Village, in Ohangwena region, fully functional during the next Third Phase, which is the Furnishing & Equipping Phase, in order to make it the bastion of community-based healthcare and community development service delivery.

As a partner of Solidarity Community Care Organisation, the German Embassy in Namibia funded the Hammer mill project of the organisation at King Kauluma village in King Nehale lya Mbingana Constituency, Oshikoto Region, in 2008.

The organisation also worked in partnership with the Small Grants Fund (administered by UNAIDS Namibia), as its first main donor, in the implementation of a Home-Based Care Training and Provision Project for the period October 2007 to October 2008.

Another important partner of the organisation is the Government of the Republic of Namibia, in particular, the Ministry of Health and Social Services with which the organisation is registered and receives Home-Based care kits, material and training support.

In addition, the organisation collaborates closely with Regional AIDS Coordinating Committees (RACOCs) of Khomas, Oshikoto, Oshana and Ohangwena regions, NGOs, and CBOs operating in the same communities, including NANGOF and NANASO in the Khomas Region.

Furthermore, Solidarity Community Care Organisation works and collaborates closely with Erastus Uutoni Community Project based at Oikango village, in the Oshana Region. That is to say that the members of Erastus Uutoni Community Project participate and benefit directly from the programmes and projects of the organisation.

As a partner, the African Women’s Development Fund provided a grant of 1000.00USD to conduct a 5-day workshop for 20 selected women in four communities to educate them on issues of gender-based violence (GBV) and its prevention for the period September 2012 to February 2013.

The latest funding partner of the organisation is Sanlam Namibia which provided gardening materials and supplies to the tune of N$50,000.00 for the community fruit and vegetable garden project of the organisation located at King Kauluma in Oshikoto region. This project is successfully going on.

# THE IMPLEMENTATION OF SOLIDARITY COMMUNITY CARE ORGANISATION’S PROGRAMMES AND PROJECTS

## LOCATION AND THE SOCIAL PROBLEMS BEING ADDRESSED BY SOLIDARITY COMMUNITY CARE ORGANISATION

Although the Headquarters of Solidarity Community Care Organisation are in Windhoek, in the Windhoek West Constituency, Khomas region, the organisation operates and implements its programmes, projects and activities in Ohangwena, Oshikoto, Khomas, Oshana and Omusati regions of Namibia, a catchment area of 1,185,400 people as per the Namibia 2011 Census.

In Ohangwena region, the organisation works from Etope laShilongo, Eenhana, Omadano and Onekuta communities. It has a Community Health and Development Centre at Etope laShilongo community, which is its most important asset and serves as the second headquarters of the organisation.

In Oshikoto region, the organisation works from Omutsegonime and King Kauluma communities as well as in Tsumeb City. It has a Hammermill Project at King Kauluma community.

In Khomas region, the organisation focuses its work on the informal settlements, especially in Katutura, Tobias Hainyeko and Moses Garoeb constituencies, although its members are from various constituencies of the region.

In Oshana region, the majority of Solidarity Community Care Organisation members are in and around Oshakati and Ondangwa towns, especially in Oshakati West and Ondangwa Urban constituencies, while many others are scattered in various constituencies of the region.

In 2016, a Community Care and Development Team of Solidarity Community Care Organisation was established at Outapi in Omusati region. That Team has members from other areas of the region such as Okalongo.

The main reason why the organisation chose to implement its programmes, projects and activities in the above-mentioned five regions is because according to the Namibian *Surveillance* *Report of the 2016 National HIV Sentinel Survey* these regions are still among the most affected by HIV/AIDS, with an average HIV prevalence rate of 17.45 %, varying considerably by areas or testing sites.

The five regions, where Solidarity Community Care Organisation operates, are also among the poorest and populous regions of Namibia. In addition, the Khomas region was chosen because it has relative poverty characterised by the existence of informal settlements with poor sanitation, high levels of urban poverty and unemployment.

The organisation chose to address HIV/AIDS because according to Wikipedia, *HIV/AIDS in Namibia is a critical public health issue. At 17.2, the prevalence of HIV in Namibia is among the highest in the world. Since 1996, HIV has been the leading cause of death in the country. As a result, close to 17 per cent of the country’s children under the age of 18 are orphaned, by at least one parent, mostly due to HIV.*

*As a problem, HIV in Namibia is mainly spread through heterosexual sex, driven by high rates of multiple and concurrent partnerships, transactional sex and child abuse, misconceptions in the general population about the risk of contracting HIV, low and inconsistent condom use, low rates of male circumcision, high rates of alcohol abuse, a high rate of mobility and migration and a decline in marital and cohabiting unions.*

*In recognition of this problem and to determine HIV prevalence, the Namibian government conducts a bi-annual serological survey among pregnant women, ages 15–49, which indicated that in 2016, Namibia still had an HIV prevalence rate of 17.2% in adults ages 15 to 49, a figure which is still very distressing. The peak of HIV infection occurred in 2002 when Namibia’s HIV prevalence rate reached an alarming 22%.*

*Bringing further into prominence the problem HIV/AIDS in Namibia, the Surveillance Report of the 2016 National HIV Sentinel Survey further indicates that HIV prevalence is highest at 32.3% among the 35-39-year-old age group and is at its lowest (5.7%) among women aged 15–19 years. In response to this information, the Namibian Ministry of Health and Social Services recommended that prevention measures be intensified, that HIV/AIDS components be mainstreamed into all development programmes and projects, that more Namibians be encouraged to use voluntary counselling and testing services, and that antiretroviral treatment be expanded to all parts of the country, in both urban and rural areas.*

*Moreover According to the Ministry of Health and Social Services, HIV/AIDS is the leading indirect cause of maternal mortality in health facilities, accounting for 37% of total mortality. Other causes include malaria, tuberculosis, meningitis and pneumonia (Ministry of Health and Social Services, 2010). HIV/Aids remains the leading cause of death among adults and the sixth leading cause of death among children under the age of five in Namibia despite efforts to roll back the epidemic. Data compiled by the Ministry of Health and Social Services show that AIDS became the leading cause of death in Namibia in 1996 and continues to be so in 2016. It is estimated that AIDS accounts for at least half of all deaths among individuals aged 15 to 49. However, there is great variation in HIV prevalence rates from region to region in Namibia. Infection rates also differ by gender, with UNAIDS estimating that women account for 58 percent of all HIV infections.*

*The need to address HIV/AIDS is further highlighted by the fact that Namibia is the second most sparsely populated country in the world and thus providing comprehensive HIV/AIDS services to the mostly rural population requires a fully decentralized, community-based approach with strong policies and leadership from the central level. However, insufficient numbers of skilled technical personnel and limited managerial capacity at all levels have exacerbated the challenges of decentralisation, and access to services remains limited for those living in sparsely populated areas.*

*With regard to the problems of poverty and HIV/AIDS, Namibia, as the country with one of the highest levels of income disparity in the world, poverty and household nutrition pose major challenges. Be that as it may, in 2014, about 104 531 HIV-positive Namibians were receiving anti-retroviral therapy to combat HIV. At the same time, mother-to-child transmission has also fallen dramatically from 33% in 2002/3 to 4% in 2012/13–starting from just two hospitals in 2002. This is one of Namibia’s greatest success stories of modern times.*

*The problem of AIDS has led to a large number of orphans in Namibia. By focusing on Orphan Care and Support Namibia's Ministry of Gender Equality and Child Welfare works closely with various development partners, non-governmental organisations and faith-based groups to implement the National Plan of Action for Orphans and Vulnerable Children.*

*There are many organizations working in Namibia to provide services to orphans and vulnerable children. However, most of them are centred around urban centres leaving many rural communities without services.*

*In 2016, According to official estimates the total number of orphans in Namibia is around 150 500. It is estimated that the number of OVCs in Namibia will increase to 180 000 by 2010 and that figure will grow to 250 000 OVCs under the age of 15 by 2021. The biggest challenges faced by orphans and vulnerable children include poverty. These numbers do not include vulnerable children who are not orphans or undocumented, which renders the total number of needy children in Namibia much higher.*

Ohangwena and Oshikoto regions still have much less coverage in terms of community home-based care and community development services. This means that there are many communities in the two regions without community-based organisations to provide community home-based care and community development services, and these are the communities and areas that the Solidarity Community Care Organisation targets with its programmes, projects and activities.

Even though the Oshana Region is relatively well covered when it comes to community home-based care and community development services, there are still areas that are not covered at all. As a result, some people from the communities that are not covered have joined the organisation to bring community home-based care and development services to their areas.

The regions and the specific communities were also chosen for the implementation of the programmes, projects and activities of the organisation because people who started and/or have shown interest in the organisation’s activities from the beginning are from these regions and communities. In fact, some of them are HIV-positive. Therefore, they work from and for their communities, which is good for commitment community support and sustainability of the programmes, projects and activities of the organisation.

## THE IMPLEMENTATION PLAN OF THE PROGRAMMES, PROJECTS AND ACTIVITIES OF SOLIDARITY COMMUNITY CARE ORGANISATION

Solidarity Community Care Organisation is implementing its 5-Year Plan 2016-2020, after achieving satisfactory results from its activities over the past eleven (11) years. The implementation of the organisation’s 5-Year Plan 2016-2020 started in January 2016 and will end in December 2020. This 2016-2020 5-Year Plan will be reviewed in January 2021, to be followed by a major evaluation, which is expected to result in the devising of the next 2021-2025 5-Year Plan of the organisation in line with the 2030 Development Agenda of the United Nations and its Sustainable Development Goals (SDGs). In addition, the organisation’s 5-Year Plans will be taking into consideration the existing situation in Namibia at any given time.

Depending on the availability of funds, the organisation will continue with the implementation of its five (5) ongoing main programmes, which are described on pages 5-9 above, and their related projects and activities.

The moment funds are obtained, the procurement of all necessary materials, equipment and services, as described above under the organisation’s programmes, will start immediately. Some of the materials, equipment and services that will be procured include medicines and pharmaceuticals, office furniture and equipment, sewing machines and materials (textiles), gardening tools, and building materials and well as training , technical and advisory services, to mention but some (see also the implementation schedule below).

The supply and delivery of the above-mentioned supplies, equipment and services will be followed by training as, whenever necessary, and where applicable. Training will especially be conducted in Community Home-Based Care and Community Development, including in primary and secondary healthcare at community level and community development projects such sewing, gardening, to mention but a few.

The organisation has more than 200members and community home-based care providers, plus members of the beneficiary and participating communities, who continuously implement its programmes by providing labour, time, management and regular supervision to ensure effective and efficient implementation.

The beneficiary communities and other stakeholders are expected to continue providing the necessary support and land for an unhindered and effective running of the organisation’s community programmes and projects during the implementation of the plan.

The full implementation period of the programmes and projects of the organisation is 60 months, from January 2016 to December 2020. This timeframe is considered sufficient to allow proper the assessment and evaluation of the impact of the programmes and projects of the organisation in the communities where it operates.

The implementation plan below provides further details and deliverables regarding the activities, the timing and the expected results of the programmes and projects of the organisation for the duration of the current plan of the organisation.

## TABLE 1. IMPLEMENTATION PLAN

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Activity** | **Timing** | **Expected Results** | **Responsible** | **Involved** |
| Implement the Community Home-Based Care Programme by primarily promoting community health and providing primary community-based healthcare | Continuous (Time Jan 2016 to Dec 2020) | At least 50,000 clients benefiting from community health and community-based healthcare. | Chairperson & NEC of SCCO | Community health & development workers, sponsors and funding partners. |
| Implement the Community Mobilisation, Information and Education Programme by primarily focusing on HIV prevention | Continuous (Time Jan 2016 to Dec 2020) | At least 80,000 clients benefiting from mobilisation, information and education concerning HIV/AIDS and TB prevention and treatment. | Chairperson & NEC of SCCO | Community health & development workers, sponsors and funding partners. |
| Implement the Employment Creation and Income Generation for Sustainability and Poverty Eradication Programme (ECIGSPEP) by starting four (4) community employment creation and income generation programmes and projects | Continuous (Time Jan 2016 to Dec 2020) | 1. At least four (4) community-based employment creation and income generation programmes and projects started, including Community-Based Information and Technology Centres (CI&TCS), sewing and needlework programmes and projects, vegetable and fruit gardens programmes and projects and an agricultural and farming implements project. 2. At least 450 people employed by Dec 2020 | Chairperson & NEC of SCCO | Community health & development workers, sponsors and funding partners. |
| Implement the Support for Orphans and Vulnerable Children Programme | Continuous (Time Jan 2016 to Dec 2020) | 1. At least 2,000 orphans and vulnerable children at Omutsegonime, Etope, Omadano and Otjomuise communities, in the Oshikoto, Ohangwena and Khomas regions respectively, given shelter, health care, schooling, clothing and feeding support by Dec 2020. 2. Exclusive breastfeeding, as the perfect way to provide the best food for a baby’s first six months of life, promoted. 3. Adequate complementary feeding of children from 6 months onwards promoted. | Chairperson & NEC of SCCO | Community health & development workers, sponsors and funding partners. |
| **Implementation Plan continues** | | | | |
| **Activity** | **Timing** | **Expected Results** | **Responsible** | **Involved** |
| Implement the Gender Based and Domestic Violence Prevention Programme | Continuous (Time Jan 2016 to Dec 2020) | At least Eight 5-day workshops for 5000 women and 4500 men conducted in the 4 regions where the organisation operates in order to educate them on issues of gender-based violence, especially on the causes and ways of GBV prevention by December 2020. | Chairperson & NEC of SCCO | Community health & development workers, sponsors and funding partners. |
| Advocate for the rights and responsibilities of HIV-positive persons and communities affected by HIV/AIDS | Continuous (Time Jan 2016 to Dec 2020) | At least 20 drama shows, 50 published articles, 25 radio/TV talks done by December 2020. | Chairperson & NEC of SCCO | Community health & development workers, sponsors and funding partners. |
| Produce 60 Monthly Reports | Each month end | 60 Monthly Reports written, printed and distributed to all stakeholders. | Chairperson & NEC of SCCO | Community health & development workers, sponsors and funding partners. |
| Produce 5 Annual Reports | January each year, starting Jan 2017- Jan 2021 | 5 Annual Reports written, printed and distributed to all stakeholders. | Chairperson & NEC of SCCO | Community health & development workers, sponsors and funding partners. |
| Do 1 evaluation and devise the way forward | Dec 2020- -Jan 2021 | 1 Evaluation report written & distributed to all stakeholders by Jan 2016. | Chairperson & NEC of SCCO | Community health & development workers, sponsors and funding partners. |

# THE BENEFICIARIES OF THE PROGRAMMES AND PROJECTS OF THE SOLIDARITY COMMUNITY CARE ORGANISATION

Table 2 below indicates the beneficiaries of the programmes and projects of the organisation as well as how these beneficiaries will benefit.

**TABLE 2: BENEFICIARIES OF THE ORGANISATION’S PROGRAMMES AND PROJECTS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **NO. AND PLACE OF BENEFICIARIES** | **DIRECT OR INDIRECT BENEFIT** | **TYPES OF BENEFITS** | **PROGRAMMES AND PROJECTS OR COMPONENTS TO BENEFIT FROM** | **EXPECTED OUTCOME** |
| 152 organisation members in Ohangwena, Oshikoto, Khomas and Oshana regions. | Direct | membership, management, participation, training, providing and receiving community-based health care services and employment | All programmes and projects and components | Reduced disease, mortality, poverty, unemployment and ineptitude. |
| Over 50,000 clients at Etope, Onekuta, Omadano, Omutsegonime and King Kauluma villages, as well as in Windhoek, Tsumeb and Oshakati Informal Settlements. | Direct | Receiving community-based health care services and participation in project activities. | The Community Home-Based Care Programme | Reduced disease mortality, and poverty. |
| Over 2,000 Orphans and Vulnerable Children (OVCs) at Omutsegonime, Etope, Omadano and Otjomuise communities. | Direct | Shelter, healthcare, schooling, clothing and feeding. | The Support for Orphans and Vulnerable Children Programme | Reduced vulnerability, disease, illiteracy, poverty and hunger. |
| Over 80,000 residents from Ohangwena, Oshikoto, Khomas and Oshana regions | Indirect and Direct | Receiving community mobilisation, education and information services, participation, training, employment | The Community Mobilization, Education and Information Programme. | Reduced disease, ignorance, poverty and unemployment. |
| Over 300 existing and new members of the organisation in Ohangwena, Oshikoto, Khomas and Oshana regions. | Direct | Training and refresher training. | All programmes, projects, project components and activities | Reduced incompetence ignorance, poverty, unemployment and underdevelopment. |
| Over 450 people in Ohangwena, Oshikoto, Khomas and Oshana regions. | Direct | Employment | The Employment Creation and Income Generation for Sustainability and Poverty Eradication Programme | Reduced unemployment, underdevelopment, disease and poverty. |

The main beneficiaries of the programmes of Solidarity Community Care Organisation are **HIV-positive people –** especially poor HIV-positive people, **children** – especially HIV-positive orphans and vulnerable children, **women** – especially HIV-positive and pregnant women, and **the elderly** – especially poor elderly people. In addition, the organisation assists **its members** and **all clients** from the community who need its services, in one way or another, and all those who qualify to benefit from the organisation’s five programmes.

Altogether, more than 100,000 people, especially HIV-positive people, organisation members and clients as well as residents of Ohangwena, Oshikoto, Khomas and Oshana regions, are expected to benefit directly and indirectly from the programmes and projects of the organisation by December 2020.

Over 90% of the members of the organisation are women, whose main economic activity is seasonal communal farming, mainly mahangu (pearl millet) cultivation. Therefore, the programmes and projects of the organisation will provide opportunities for them to do something useful and beneficial for themselves, their families and communities as well as for the country as a whole.

# EXPECTED RESULTS OF THE PROGRAMMES AND PROJECTS OF THE SOLIDARITY COMMUNITY CARE ORGANISATION

The expected results **in terms of quality** include over 50,000 people in the four regions provided with basic community-based healthcare services through the Community Home-Based Care Programme of the organisation until they reach health facilities. In essence, the role of the organisation is to provide physical and psychological pain relief and refer patients from the community to the nearest health facility on time before their health deteriorates, and when necessary, accompanying such patients to the health facilities.

These individuals are expected to have their health improved after having been assisted by the organisation to access healthcare, particularly HIV-AIDS and TB care. As they become healthy because of the support and care provided by the organisation, they are expected to be able to take care of and help themselves, their families and their communities to develop. This is what the Solidarity Community Care Organisation is working for and wants to achieve in the community. That is, to significantly contribute to the reduction of sickness and mortality in the communities where it works.

Over 80,000 people are expected to be provided with community mobilisation, education and information services and to benefit from the information and counselling provided by using such information and counselling as an incentive to go for HIV testing, accepting their HIV statuses and protecting themselves and others from new HIV infections.

Overall, the programmes and projects of the organisation are expected to educate and encourage its clients and community members to access ARVs and adhere to it. Indeed, the organisation shall empower its clients and community members to use the information and counselling provided to make correct and helpful decisions regarding HIV/AIDS and to further use such information to know their rights and obligations within the ambit of the efforts against HIV/AIDS, poverty and underdevelopment.

**In terms of quantity**, the programmes and projects of the organisation are expected to employ up to 450 people, including centre managers, secretaries, security guards, kindergarten teachers and carers as well as cleaners. In addition, more organisation and community members are expected to be employed in the sewing/knitting and gardening programmes and projects to be started by the organisation the moment it acquires funding for this purpose.

Moreover, the Solidarity Community Care Organisation together with community members intend to start and successfully run the following community programmes and projects from its Centres in Ohangwena, Oshikoto, Khomas and Oshana regions for income generation and for the sustainability of the organisation and its programmes. These are:

1. The establishment of Community-Based Information and Technology Centres (CI&TCs) as employment creation and income generation programmes and projects in the communities where the organisation operates.
2. Sewing and Needlework Programmes and projects (especially sewing of school uniforms for orphans and vulnerable children as well as knitting of babies/children garments by the organisation and community members).
3. Vegetable and Fruit Gardens Programmes and projects to be implemented by organisation together with community members (these will take the form of small and medium-sized gardens, where fresh vegetables, including cabbages, carrots, sweet potatoes, eggplants, peppers, lettuce, sugar cane, beans, maize, watermelons and pumpkins, will be grown to feed orphans and poor HIV-positive people. In addition, fruit plants such as mangoes, guavas, pears and oranges will be planted for the same purpose. Any surpluses of the produce will be sold to the public for income generation in order to sustain the organisation and its programmes).
4. An Agricultural and Farming Implements Project for employment creation and income generation (this is necessary because ploughing tractors are usually scarce in North-Central Regions of Namibia during the planting season. Thus, if the organisation acquires ploughs and other farm implements, it will be able to help its members and other communal farmers to cultivate their mahangu fields on time in order to produce enough food to ensure food availability and security while at the same time generating income through the project to sustain the organisation and its programmes).

All these programmes, projects and activities of the organisation are expected to result in necessary changes in the general socioeconomic status and improvement in the health situation of the members of the organisation and the beneficiary communities and ultimately improve their quality of life.

# THE MONITORING AND EVALUATION OF THE PROGRAMMES AND PROJECTS OF THE SOLIDARITY COMMUNITY CARE ORGANISATION

## PRELIMINARY STUDIES

There have been no preliminary studies done to justify the work of the Solidarity Community Care Organisation. However, information from National Studies on health and poverty rates in Namibia as well as the experience gained from the work of the organisation in the community for the past eleven (11) years, since its inception in 2006, indicate that the programmes and projects of the organisation are feasible and beneficial to the target communities.

It has been proven without doubt that the existing conditions in the communities where the programmes and projects of the organisation are being implemented, including the high level of unemployment and ill health, partly due to prevalence of HIV/AIDS and poverty, are still conducive to the implementation of the programmes and projects of the organisation.

In fact, the organisation has been recognised and welcomed in the communities where it operates as evidenced by the continuous enrolment of new members. Equally, the communities have welcomed the organisation’s programmes and projects as evidenced by their support and the provision of the land at Etope village where the Community Health and Development Centre of the organisation is built. What the organisation needs is the financial, material and technical support to implement its planned programmes, projects and activities as proposed herein.

The monitoring and evaluation of the organisation’s activities will be done based on its Implementation Plan in Table 1 and the beneficiaries of the organisation’s programmes and projects in Table 2 above where the deliverables and milestones of the programmes and projects of the organisation are clearly described and the dates when milestones are to be reached clearly indicated.

In the above-mentioned Tables, 1 and 2 the activities or milestones to be achieved are clearly identified and described, including the person (s) responsible for ensuring that the activities and milestones materialize as well as the dates when the activities should start and be completed or the milestones should take place.

The organisation shall always strive to keep records of all the achievements of its programmes and projects at the time they materialize to make sure that the data collected are accurate and shall also always strive to adhere to the agreed upon submission schedules of both narrative and financial reports to its beneficiaries, sponsors and stakeholders alike.

The monitoring of organisation’s programmes and projects and activities shall be a standard task beginning during the planning to the completion stages of all its programmes, projects and activities.

The Solidarity Community Care Organisation undertakes to ensure that the monitoring of its programmes and project activities will allow results, processes and experiences to be documented and used as a basis to guide decision-making and learning processes for future courses of action.

In essence, monitoring will be about checking the progress being made against the organisation’s project objectives.

The data to be collected through the monitoring of the programmes and projects of the organisation is going to be used for the evaluation, which is the assessment, as systematically and objectively as possible, of the completion of the organisation’s programmes and projects. The evaluation will appraise data and information that will inform strategic decisions for the improvement of the implementation of the organisation’s programmes and projects in the future.

Furthermore, monitoring will focus on the measurement of the following aspects of the organisation’s community health and development programmes and projects:

1. Quantity and quality of the implemented activities (outputs: What do we do? How do we manage our activities?);
2. Processes inherent in the programmes and projects (outcomes: What were the effects /changes that occurred as a result of the programme and project interventions?); and
3. Processes external to the interventions (impact: Which broader, long-term effects were triggered by the implemented activities in combination with other environmental factors?).

The evaluation of will also help to draw conclusions about five main aspects of the organisation’s programmes and projects, which are:

* **Relevance** (applicability to community health and development issues);
* **Effectiveness** (the degree to which organisation’s community health and development programmes and projects are successful in producing desired results);
* **Efficiency** (doing things right to achieve community health and development goals of the organisation’s programmes and projects);
* **Impact** (the changes made through the implementation of the organisation’s community health and development programmes and projects); and
* **Sustainability** (the capability of the organisation to continue its community health and development programmes and projects as planned for the foreseeable future)

The information collected in relation to these aspects during the monitoring processes will provide the basis for the evaluation processes of the organisation programmes and projects.

Indeed, the M&E shall be an embedded concept and practice as well as a constitutive part of all programmes and projects of the organisation and shall be regarded as a constant dialogue on programme and project development and progress amongst all stakeholders.

The M&E will be used to understand the ways in which the organisation’s programmes and projects are developing and supporting the achievement of organisational goals as well as the desired changes in the lives of the beneficiaries.

Moreover, the evaluation process will be an analysis or interpretation of the collected data, which will delve deeper into the relationships between the results of the organisation’s programmes and projects, the effects produced by such programmes and projects and their overall impact.

The organisation shall engage external bodies for the auditing and the evaluation of its programmes and projects in order to collect information for the following purposes:

1. To learn from experiences in order to improve its practices and activity implementation in the future;
2. To have internal and external accountability regarding the resources used as compared to the results obtained;
3. To make informed decisions on the future course of its programmes and projects; and
4. To promote empowerment of beneficiaries of the organisation’s programmes and projects.

In addition, the organisation’s Community Home Based Care Providers will continuously review their individual proposed work schedules and record their individual accomplishments timely in order to sustain their awareness about the objectives and targets to be achieved by the organisation and to improve the chances of meeting their personal commitments towards organisational objectives and targets.

Further, the specific activities to be carried out by the organisation are described under each Programme and the Budget of the organisation to make the monitoring and the evaluation processes possible.

# SUSTAINABILITY OF THE PROGRAMMES AND PROJECTS OF THE SOLIDARITY COMMUNITY CARE ORGANISATION

The Solidarity Community Care Organisation is going to sustain its programmes and projects by primarily starting and successfully managing the four (4) employment creation and income generation projects listed on page 21 above.

To restate the projects are the establishment of Community-Based Information and Technology Centres (CI&TCs), Sewing and Needlework Programmes and projects, Vegetable and Fruit Gardens Programmes and projects, and an Agricultural and Farming Implements Project.

The organisation will continue to maximise all opportunities available to fundraise and attract a broad range of resources both nationally and internationally and use such resources in the most effective way to sustain itself and all its activities in order to achieve its objectives of improving the welfare, the well-being and the socio-economic conditions of its members and the people in the communities where it works.

It will also continue to build and improve its governance and staff capacity for strong management structures, establish high-quality partnerships, increase its skills in communicating its cause and have the ability to evaluate and measure the changes it is making within the area of its operations.

The organisation will continue to expand its services to needy communities in the regions where it operates in order to achieve large-scale impact through the elimination of the root causes of the problems it confronts, namely HIV/AIDS and poverty, and for the achievement of a widespread support and acceptance of its work in the community.

Once all the four (4) proposed employment creation and income generation projects and the related activities are started concurrently as planned, there will be no regrets for the Solidarity Community Care Organisation, but its strengthening and capability building in order to provide more and better community-based healthcare and development services to its target communities and beneficiaries.

More to that, the members of the organisation will continue to work with determination and will be making their personal contribution; be it financial, knowledge, skills, labour and time, in order to make sure that the programmes and projects of the organisation are successful and sustainable.

For the sake of sustainability, it is important to ensure that the members of the organisation will not rest until all the objectives of the specific programmes and projects and the overall objectives of the organisation are achieved as intended. The organisation has an adequate number of members with the capability to manage effectively its programmes and projects. What the organisation needs is financial, material and technical support in order to implement its programmes and projects successfully as proposed further in its Budget below:

# THE PROPOSED BUDGET OF THE SOLIDARITY COMMUNITY CARE ORGANISATION FOR 2016 IN 000’S NAMIBIAN DOLLARS

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Last updated: | 20/4/2016 |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | **Jan** | **Feb** | **Mar** | **Apr** | **May** | **Jun** | **Jul** | **Aug** | **Sep** | **Oct** | **Nov** | **Dec** | **Total** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **1** | **Personnel** | **NAD** | **NAD** | **NAD** | **NAD** | **NAD** | **NAD** | **NAD** | **NAD** | **NAD** | **NAD** | **NAD** | **NAD** | **NAD** |
|  | Salaries, wages | 33,550 | 33,550 | 33,550 | 33,550 | 33,550 | 33,550 | 33,550 | 33,550 | 33,550 | 33,550 | 33,550 | 33,550 | 402,600 |
|  | Benefits (subsistence allowance, t-shirts, umbrellas and protective clothing and shoes) | 851 | 851 | 851 | 851 | 851 | 851 | 851 | 851 | 851 | 851 | 851 | 851 | 10,207 |
|  | Payroll taxes (Social security) | 239 | 239 | 239 | 239 | 239 | 239 | 239 | 239 | 239 | 239 | 239 | 239 | 2,862 |
|  | Commissions and bonuses (external facilitators'' allowance) | 893 | 893 | 893 | 893 | 893 | 893 | 893 | 893 | 893 | 893 | 893 | 893 | 10,710 |
|  | **Personnel Subtotal** | **35,532** | **35,532** | **35,532** | **35,532** | **35,532** | **35,532** | **35,532** | **35,532** | **35,532** | **35,532** | **35,532** | **35,532** | **426,379** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **2** | **The Community Home-Based Care Programme** | |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Promotion of community health | 3,333 | 3,333 | 3,333 | 3,333 | 3,333 | 3,333 | 3,333 | 3,333 | 3,333 | 3,333 | 3,333 | 3,333 | 40,000 |
|  | Provision of community-based healthcare | 5,000 | 5,000 | 5,000 | 5,000 | 5,000 | 5,000 | 5,000 | 5,000 | 5,000 | 5,000 | 5,000 | 5,000 | 60,000 |
|  | Assistance to HIV positive people | 2,500 | 2,500 | 2,500 | 2,500 | 2,500 | 2,500 | 2,500 | 2,500 | 2,500 | 2,500 | 2,500 | 2,500 | 30,000 |
|  | Provision of treatment support for ART & TB | 1,667 | 1,667 | 1,667 | 1,667 | 1,667 | 1,667 | 1,667 | 1,667 | 1,667 | 1,667 | 1,667 | 1,667 | 20,000 |
|  | Training and supporting families | 3,333 | 3,333 | 3,333 | 3,333 | 3,333 | 3,333 | 3,333 | 3,333 | 3,333 | 3,333 | 3,333 | 3,333 | 40,000 |
|  | Provision of community training on HIV-AIDS & TB | 2,500 | 2,500 | 2,500 | 2,500 | 2,500 | 2,500 | 2,500 | 2,500 | 2,500 | 2,500 | 2,500 | 2,500 | 30,000 |
|  | Provision of maternal & child health services | 1,250 | 1,250 | 1,250 | 1,250 | 1,250 | 1,250 | 1,250 | 1,250 | 1,250 | 1,250 | 1,250 | 1,250 | 15,000 |
|  | Supporting Child immunisation campaigns | 1,250 | 1,250 | 1,250 | 1,250 | 1,250 | 1,250 | 1,250 | 1,250 | 1,250 | 1,250 | 1,250 | 1,250 | 15,000 |
|  | **Community Health Subtotal** | **20,833** | **20,833** | **20,833** | **20,833** | **20,833** | **20,833** | **20,833** | **20,833** | **20,833** | **20,833** | **20,833** | **20,833** | **250,000** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | **Jan** | **Feb** | **Mar** | **Apr** | **May** | **Jun** | **Jul** | **Aug** | **Sept** | **Oct** | **Nov** | **Dec** | **Total** |
| **3** | **The Community Mobilisation, Information and Education Programme** | | | | | | |  |  |  |  |  |  |  |
|  | Promotion of behavioural change | 24,583 | 24,583 | 24,583 | 24,583 | 24,583 | 24,583 | 24,583 | 24,583 | 24,583 | 24,583 | 24,583 | 24,583 | 295,000 |
|  | Promotion of biomedical strategies (i.e. MC) | 14,992 | 14,992 | 14,992 | 14,992 | 14,992 | 14,992 | 14,992 | 14,992 | 14,992 | 14,992 | 14,992 | 14,992 | 179,900 |
|  | Promotion of HIV & STDs treatment | 4,772 | 4,772 | 4,772 | 4,772 | 4,772 | 4,772 | 4,772 | 4,772 | 4,772 | 4,772 | 4,772 | 4,772 | 57,264 |
|  | Promotion of social justice and human rights | 2,500 | 2,500 | 2,500 | 2,500 | 2,500 | 2,500 | 2,500 | 2,500 | 2,500 | 2,500 | 2,500 | 2,500 | 30,000 |
|  | Internet marketing | 3,330 | 3,330 | 3,330 | 3,330 | 3,330 | 3,330 | 3,330 | 3,330 | 3,330 | 3,330 | 3,330 | 3,330 | 39,960 |
|  | Press relations | 3,172 | 3,172 | 3,172 | 3,172 | 3,172 | 3,172 | 3,172 | 3,172 | 3,172 | 3,172 | 3,172 | 3,172 | 38,064 |
|  | Public relations | 2,334 | 2,334 | 2,334 | 2,334 | 2,334 | 2,334 | 2,334 | 2,334 | 2,334 | 2,334 | 2,334 | 2,334 | 28,008 |
|  | Events | 2,500 | 2,500 | 2,500 | 2,500 | 2,500 | 2,500 | 2,500 | 2,500 | 2,500 | 2,500 | 2,500 | 2,500 | 30,000 |
|  | **Mobilisation Subtotal** | **58,183** | **58,183** | **58,183** | **58,183** | **58,183** | **58,183** | **58,183** | **58,183** | **58,183** | **58,183** | **58,183** | **58,183** | **698,196** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **4** | **The Employment Creation and Income Generation for Sustainability and Poverty Eradication Programme (ECIGSPEP)** | | | | | | | | | | |  |  |  |
|  | Setting up of Community-Based Information and Technology Centres (CI&TCs) | 25,000 | 25,000 | 25,000 | 25,000 | 25,000 | 25,000 | 25,000 | 25,000 | 25,000 | 25,000 | 25,000 | 25,000 | 300,000 |
|  | Sewing and Needlework Programmes and projects | 3,379 | 3,379 | 3,379 | 3,379 | 3,379 | 3,379 | 3,379 | 3,379 | 3,379 | 3,379 | 3,379 | 3,379 | 40,550 |
|  | Vegetable and Fruit Gardens Programmes and projects | 1,247 | 1,247 | 1,247 | 1,247 | 1,247 | 1,247 | 1,247 | 1,247 | 1,247 | 1,247 | 1,247 | 1,247 | 14,969 |
|  | Agricultural and Farming Implements Project | 20,795 | 20,795 | 20,795 | 20,795 | 20,795 | 20,795 | 20,795 | 20,795 | 20,795 | 20,795 | 20,795 | 20,795 | 249,543 |
|  | **ECIGSPEP Subtotal** | **50,422** | **50,422** | **50,422** | **50,422** | **50,422** | **50,422** | **50,422** | **50,422** | **50,422** | **50,422** | **50,422** | **50,422** | **605,062** |
| **5** | **The Support for Orphans and Vulnerable Children Programme** | | | | | |  |  |  |  |  |  |  |  |
|  | Shelter (basic structures or buildings) | 33,333 | 33,333 | 33,333 | 33,333 | 33,333 | 33,333 | 33,333 | 33,333 | 33,333 | 33,333 | 33,333 | 33,333 | 400,000 |
|  | Healthcare (community home-based healthcare) | 4,167 | 4,167 | 4,167 | 4,167 | 4,167 | 4,167 | 4,167 | 4,167 | 4,167 | 4,167 | 4,167 | 4,167 | 50,000 |
|  | Schooling (support kindergartens & pre-schools) | 2,500 | 2,500 | 2,500 | 2,500 | 2,500 | 2,500 | 2,500 | 2,500 | 2,500 | 2,500 | 2,500 | 2,500 | 30,000 |
|  | Clothing (to provide hygienic protection) | 1,667 | 1,667 | 1,667 | 1,667 | 1,667 | 1,667 | 1,667 | 1,667 | 1,667 | 1,667 | 1,667 | 1,667 | 20,000 |
|  | Feeding (providing infant and young child feeding) | 10,000 | 10,000 | 10,000 | 10,000 | 10,000 | 10,000 | 10,000 | 10,000 | 10,000 | 10,000 | 10,000 | 10,000 | 120,000 |
|  | **Support for OVCs Subtotal** | **51,667** | **51,667** | **51,667** | **51,667** | **51,667** | **51,667** | **51,667** | **51,667** | **51,667** | **51,667** | **51,667** | **51,667** | **620,000** |
|  |  | **Jan** | **Feb** | **Mar** | **Apr** | **May** | **Jun** | **Jul** | **Aug** | **Sept** | **Oct** | **Nov** | **Dec** | **Total** |
| **6** | **The Gender-Based or Domestic Violence Prevention Programme** | | | | | | |  |  |  |  |  |  |  |
|  | Conducting of eight (8) 5-day workshops per year for 600 selected women and 300 men in the four regions to educate them on issues of gender-based violence and its prevention by December 2020 | 14,667 | 14,667 | 14,667 | 14,667 | 14,667 | 14,667 | 14,667 | 14,667 | 14,667 | 14,667 | 14,667 | 14,667 | 176,000 |
|  | **GBV Prevention Subtotal** | **14,667** | **14,667** | **14,667** | **14,667** | **14,667** | **14,667** | **14,667** | **14,667** | **14,667** | **14,667** | **14,667** | **14,667** | **176,000** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7** | **Other (All-Inclusive Items)** | **NAD** | **NAD** | **NAD** | **NAD** | **NAD** | **NAD** | **NAD** | **NAD** | **NAD** | **NAD** | **NAD** | **NAD** | **NAD** |
|  | Auditing fees | 3,243 | 3,243 | 3,243 | 3,243 | 3,243 | 3,243 | 3,243 | 3,243 | 3,243 | 3,243 | 3,243 | 3,243 | 38,910 |
|  | Training in community health and development | 2,428 | 2,428 | 2,428 | 2,428 | 2,428 | 2,428 | 2,428 | 2,428 | 2,428 | 2,428 | 2,428 | 2,428 | 29,132 |
|  | Postage | 67 | 67 | 67 | 67 | 67 | 67 | 67 | 67 | 67 | 67 | 67 | 67 | 800 |
|  | Communication expenses for training, management, coordination and reporting | 893 | 893 | 893 | 893 | 893 | 893 | 893 | 893 | 893 | 893 | 893 | 893 | 10,710 |
|  | Travelling expenses for meetings, monitoring and evaluation | 1,250 | 1,250 | 1,250 | 1,250 | 1,250 | 1,250 | 1,250 | 1,250 | 1,250 | 1,250 | 1,250 | 1,250 | 14,995 |
|  | Computers, TV and office equipment (hard and software and accessories) | 10,974 | 10,974 | 10,974 | 10,974 | 10,974 | 10,974 | 10,974 | 10,974 | 10,974 | 10,974 | 10,974 | 10,974 | 131,687 |
|  | **Other Subtotal** | **18,853** | **18,853** | **18,853** | **18,853** | **18,853** | **18,853** | **18,853** | **18,853** | **18,853** | **18,853** | **18,853** | **18,853** | **226,234** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **Grand Total Annual Budget** | **235,489** | **235,489** | **235,489** | **235,489** | **235,489** | **235,489** | **235,489** | **235,489** | **235,489** | **235,489** | **235,489** | **235,489** | **3,001,871** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**\* NB, in addition to annual membership fees and regular cash contributions, members of the Solidarity Community Care Organisation contribute time, knowledge, skills and labour to the programmes and projects of the organisation while beneficiary communities contribute support, local skills and land for the buildings.**

# HOW TO SUPPORT AND JOIN THE SOLIDARITY COMMUNITY CARE ORGANISATION (SCCO)

1. To support and join the Solidarity Community Care Organisation (SCCO), please contact:

**Mr. Constancio Hishiyukifa Mwandingi, Founder and Executive Chairperson, at:**

**TELEPHONE: +264 61 211704**

**MOBILE: +264 81 237 4937**

**E-MAIL:** [**solidaritycomcare@gmail.com**](mailto:solidaritycomcare@gmail.com)

1. You can also donate directly to Solidarity Community Care Organisation using the following Banking Details:

**Name of Bank**: Standard Bank Namibia Ltd, Windhoek Branch

**Account Name**: Solidarity Community Care Organisation, Savings Account

**Account Number:** 140906436

**Branch Code**: 082372

**Swift Code**: SBNMNANX

**Address of Bank:** Standard Bank Namibia Ltd, Windhoek Branch,

261 Independence Avenue

P O Box 13177

Windhoek, Namibia

1. Please inform us about any direct cash donations to the organisation by contacting us at the following numbers and e-mail address:

**TEL: +264 61 211704**

**MOBILE: +264 81 237 4937**

**E-MAIL:** [**solidaritycomcare@gmail.com**](mailto:solidaritycomcare@gmail.com)

1. Any person who agrees with the goals and objectives of the Solidarity Community Care Organisation can join the organisation by paying an annual membership fee of N$30.00. However, the organisation, above all, welcomes HIV-positive persons and those who are dedicated to the anti-HIV/AIDS and anti-poverty struggle.
2. **Visit our Website:** [**https://sites.google.com/site/solidaritycomcare**](https://sites.google.com/site/solidaritycomcare) **to learn more about SCCO and its Programmes.**
3. **Like our Facebook page: @solidaritycomcare**
4. **Follow us on Twitter: @MwandingiC**