Situation Overview & Humanitarian Needs
Following the El Niño-related drought over the past four years, Namibia is now affected by widespread flooding in the northern regions bordering Angola. The national drought emergency which was declared in June 2016 since ended in March 2017, and the regional authorities of Kavango East, Kavango West, Ohangwena, Omusati, Oshana and Zambezi are providing support to families displaced by the floods.

Good rains have been observed within the Cuveld River Basin in northern Namibia during the current rainy season which spans from November 2016 until April 2017. This has resulted in localized flooding in the shallow flood plains in Oshana, Ohangwena and Omusati and in the riverine areas of Kavango East, Kavango West and Zambezi regions. This has affected an estimated 155,924 people (33,175 families) to date and displaced 3,331 individuals who have been provided with shelter and essential services by the Regional Authorities. As of 10 April 2017, 27,000 learners were affected by the floods in Ohangwena, Omusati, Zambezi and Oshana. Floods caused destruction or damage to homes, schools, safe water supplies, latrines, health centres and economic infrastructure, such as roads and bridges. The Ministry of Agriculture, Water and Forestry has warned...
of further extension of the flooding in north-central Namibia. Regional institutions have been alerted and have put contingency measures in place to address those already affected and those who remain vulnerable as the river levels are expected to rise over the next few weeks.

Flooding in the northern regions of Namibia has increased the number of stagnant bodies of water and thus an increase in malaria incidence which affects Namibia’s goal to control and eliminate malaria by 2020. While the country has suffered malaria outbreaks from 2014 to 2017 affecting mostly the six regions bordering Angola and Zambia (Kavango East, Kavango West, Ohangwena, Omusati, Oshana and Zambezi), the increase in incidence for 2017 is significantly worse than recent years. Based on the statement from the Minister of Health on 29 March 2017, 11,902 people had contracted malaria in Namibia, and 18 had died of the disease since January this year. This is more than triple the number recorded from the same period in 2015.

Fall Armyworm outbreaks have been reported in Zambezi, Kavango, and the maize triangle (Grootfontein and Otavi districts in Otjozondjupa), resulting in losses of about 1,980 Ha of maize. In addition, 6,500 Ha of maize is under threat which is growing in commercial farms located in the maize triangle area (Otjozondjupa and Oshakati Regions). This outbreak also affected communal farmers who planted maize or pearl millet under dry land – affecting approximately 13,400 Ha and threatening the livelihood of an estimated 20,673 households.

<table>
<thead>
<tr>
<th>Region</th>
<th>Number of households displaced</th>
<th>Number of people displaced</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oshana region</td>
<td>122</td>
<td>556</td>
</tr>
<tr>
<td>Omusati region</td>
<td>n/a</td>
<td>2,655</td>
</tr>
<tr>
<td>Ohangwena Region</td>
<td>34</td>
<td>120</td>
</tr>
<tr>
<td>Total</td>
<td>750</td>
<td>3,331</td>
</tr>
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</table>

*Figures from the Office of the Prime Minister.

Humanitarian leadership and coordination

The Government of Namibia has established a National Disaster Risk Management System (NDRMS) to address the challenges posed by disaster and climate risk facing the country. The NDRMS is founded on the Disaster Risk Management Act (2012) and its regulatory framework (2013), the National Disaster Risk Management Plan (2011), and the National Disaster Risk Management Policy (2009). The NDRMS includes:

- National Disaster Risk Management Committee (NDRMC);
- Directorate of Disaster Risk Management (within the Office of the Prime Minister);
- Namibia Vulnerability Assessment Committee;
- Regional Disaster Risk Management Committees;
- Local Authority and Constituency Disaster Risk Management Committees.

However, the 2016 UN Capacity for Disaster Reduction Initiative (CADRI) assessment identified gaps between design and implementation. Despite the legal provisions regarding the National DRM committee, it is not currently an active decision-making and oversight body. The NDRMC has not been convened before or after the drought emergency was declared in June 2016. The lines of communication and authority between the centre and the regions are also unclear in practice. The DRM Field Officers do not have a formal and direct reporting line to the Directorate DRM, however they do communicate regularly with the Directorate staff. At constituency level, there are Constituency DRM Committees, however, not all of them are active. The UN team is collectively supporting the follow up of the recommendations of the CADRI mission, which has also been submitted to Cabinet for review.
Namibia participated in the regional SADC El Niño drought appeal which was launched in July 2016. Within the UN, the agencies share information and provide support to government through the Emergency and Humanitarian Focal Points convened by the FAO Representative on behalf of the UN Country Team (UNCT), with the Resident Coordinator’s Office acting as Secretariat. Sector leads are identified through the Government of the Republic of Namibia (GRN)-UN Partnership Framework mechanism.

UNICEF Humanitarian Strategy
UNICEF Namibia’s strategy is to ensure sector-specific and inter-sectoral programme commitments covering nutrition, health, water, sanitation and hygiene (WASH); HIV and AIDS, education and child protection. UNICEF also support situational monitoring and advocacy for reaching the most vulnerable through the government resources in line with UNICEF’s Core Commitment for Children in Humanitarian Action (CCCs). UNICEF also aims to enhance government capacity for emergency coordination and response, including use of procurement services by government, and by instituting relevant recommendations from the CADRI assessment.

In response to recurrent drought and floods in recent years, UNICEF Namibia has supported the Government of Namibia to integrate CCCs into planning and assessments, with a focus on the inclusion of nutrition, sanitation and hygiene into a response which was otherwise primarily food and water related. UNICEF has also partnered with the Namibia Red Cross Society to provide training and material support, once additional resources are mobilised, to identify and respond to malnutrition and to educate households on water treatment and storage.

UNICEF Namibia Emergency Management Team (EMT) serves as the coordination mechanism to oversee the emergency response declared by Government; supported by routine monthly meetings of the CMT and the Programme Group.

Summary Analysis of Programme Response

WASH
UNICEF is supporting the Government in three key areas: (1) Emergency response through water trucking to affected off-pipe communities, whereby eight trucks, with water treatment supplies, have been ordered with USAID funds (received December 2016), the first of which arrived in April and the rest are due to be handed over in May 2017. (2) Sanitation and hygiene promotion through Community Led Total Sanitation (CLTS), is part of the UNICEF Annual Workplan to develop resilience in affected communities as well to prevent and manage sanitation-related outbreaks such as cholera. This will be accelerated with additional technical support from the CLTS Foundation, in May-September 2017. (3) WASH in schools, which is promoted through the 2016 memorandum of understanding (MOU) between the Ministries of Health and Education on Integrated School Health Programme to raise awareness amongst learners on how to prevent water-related diseases through routine safe hygiene practices, and to promote improved sanitary latrines and the avoidance of open defecation in order to improve health and nutrition status.

Health and Nutrition
UNICEF Namibia has supported the malaria response by providing technical advice for the deployment of teams to actively search for cases and to provide immediate treatment. These were funded by the Ministry of Health through an emergency supplementary budget allocation. In addition, UNICEF procured 15,000 treated bed nets which will be delivered to the Ministry of Health in early May. These are a contribution to complement the Government-deployed community-level test-and-treat teams and ongoing indoor residual spraying. Through UNICEF advocacy, the training of 2,100 Community Health Workers was resumed after being suspended due to government budget constraints. These extension staff provide community case management, community new-born care, and early detection of disease outbreaks and malnutrition and on infant and young child feeding at household level.

Child Protection
During the drought, reports from social workers in affected regions indicated an increase in children being sent away to relatives either for work or informal foster care, and an increase in children being left alone at home without supervision for a day or multiple days on end by caregivers in search of food. UNICEF and UN partners continue to advocate that child protection indicators be added to the six-monthly Food and Nutrition Security Assessment and
be added to the Government response which to date has been primarily linked to water, food relief and livestock support. In addition, UNICEF is supporting the Ministry of Home Affairs to strengthen systems for timely birth notification and registration, which will facilitate access to health services and social grants.

Social Protection
Namibia has a well-developed social protection system, with five grants dedicated to children. During the drought response the government actively searched for additional vulnerable families to access social grants. The UN has proposed to the Government to conduct a lessons learned exercise on the drought response to highlight gaps in the response, including social protection. Through UNICEF support to the Core Team on Social Protection System, the link between cash and access to social services is being emphasised and is supporting a Social Worker Functional Review to promote greater inter-sectoral collaboration.

Education
The Minister of Education, Arts and Culture reported to the National Assembly during the week of 10 April 2017, that 27,000 learners were affected by the floods in four regions, Ohangwena, Omusati, Zambezi and Oshana. The Ministry has the situation under control and has not made a request for UNICEF support. Affected schools are being assisted through additional lessons and classrooms to catch up (over weekends and/or the holidays if required). The vast majority of children are already back in school and catching up. UNICEF is continuing to monitor the situation. The Zambezi Regional Council has resolved to relocate two schools and close down two others in the constituencies of Kabbe North and Kabbe South, which are the worst affected by the floods. The Ministry of Education, Arts and Culture has made N$1.6 million (US$ 116,000) available for the exercise. The Ministry has also allocated two boats to assist learner’s access schools in flooded areas and in addition, the Ministry of Environment and Tourism, and that of Health and Social Services have also agreed to avail their rescue boats for the exercise.

HIV/AIDS
In Namibia, HIV prevalence among adolescents varies from 1.1 per cent in Oshana to 9.8 per cent in Zambezi. The regions with the highest HIV prevalence among this age group are also the regions who are the most severely food insecure, according to the Namibia Food & Nutrition Security Assessment (DDRM, March 2016). Given the strong relationship between food insecurity and HIV risk (e.g. through non-adherence, risky survival strategies, school dropouts) identified in the 2016 All In! Assessment (UNICEF/ MOHSS 2016), the regions of Zambezi, Kavango East and West, Omusati and Otjozondjupa have developed specific action plans to address the bottlenecks during 2017. UNICEF is supporting expanded service delivery (e.g. access to anti-retroviral therapy, HIV counselling and testing, voluntary medical male circumcision, etc.) in these regions, through implementing partners.

USAID has pledged additional resources to UNICEF Namibia to assess the impact of the drought on HIV-affected populations in partnership Ministry of Health and Social Services.

Communications for Development (C4D)
The C4D strategy is critical to support community and household-level behaviour change in all sectors (e.g. community-led total sanitation, infant and young child feeding, safe survival strategies). UNICEF works closely with line ministries, including the training of Community Health Workers, to disseminate and discuss health information with community members, as well as identifying risks or symptoms requiring referral to health facilities. Supplementary training has been provided to identify and refer suspected malaria cases. On sanitation, UNICEF, together with the Ministry of Agriculture, Water and Forestry has developed a strategy for CLTS, including messages and materials that will be used for social mobilization. From May onwards, joint teams will conduct initial community assessments, develop a social mobilization and monitoring plan, organize the launch to introduce the CLTS, oversee the distribution of materials and organize with communities on certification of Open Defecation Free (ODF) villages.

Supply and Logistics
Procurement of water trucks is underway, and other supplies have been received for the water trucking and sanitation promotion in priority regions, funded by USAID. The first truck was delivered in April 2017 for official handover and the remaining seven will be delivered in May 2017. In addition, 15,000 bed nets have been procured for delivery in early May 2017.
The Ministry of Health and Social Services continued to use the MoU for procurement services for immunization and, more recently, nutrition supplies funded by the Global Fund for AIDS, TB and Malaria. This results in up to 60 per cent cost savings compared to previous tenders for vaccines.

**Media and External Communication**

The Ministry of Agriculture, Water and Forestry has issued flood warnings to the Northern regions of Namibia. In addition, the Ministry of Health and Social Services disseminates information on malaria signs and symptoms and where to access testing and treatment, including the mobile test-and-treat teams which have been deployed. The Ministry of Health uses multiple channels, including Community Health Workers and schools, on malaria signs and symptoms and where to access testing and treatment.

**Funding**

UNICEF Namibia is grateful to donors including USAID, and those who fund UNICEF’s Humanitarian Thematic Funds, 5 per cent Set Aside and global core resources for the contributions that have been received in WASH, Nutrition and Health to date. UNICEF Namibia requires a further US $1.2 million to meet the humanitarian needs of women and children in the country in 2017. Without additional funding, UNICEF will not be able to meet the urgent needs of the population in the critical sectors of Nutrition, WASH, Health, Education and Child Protection.

<table>
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<tr>
<th>Funding Requirements 2017</th>
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<tr>
<td>Appeal Sector</td>
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<tr>
<td></td>
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<tr>
<td>Nutrition</td>
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<tr>
<td>Health</td>
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<tr>
<td>Water, sanitation and hygiene</td>
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<tr>
<td>Child Protection</td>
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<tr>
<td>Education</td>
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<tr>
<td><strong>Total</strong></td>
</tr>
</tbody>
</table>

*Funds available include funding received against the original appeal as well as the carry forward from the previous year.

**Next SitRep: 30 June 2017**

Website: [http://www.unicef.org/namibia/](http://www.unicef.org/namibia/)
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1 USAID funds contribute to both development assistance and resilience building, as well as humanitarian response.