



Community-Led Total Sanitation – promoting hand washing among school children (Credit: T.Mutseyekwa/ UNICEF Namibia 2017)

Namibia Humanitarian Situation Report July–Sept 2017



SITUATION IN NUMBERS

400,000

Total People in Need

190,400

Total Children in Need

155,924

Total population in drought/flood affected areas

70,000

Children in drought/flood affected areas

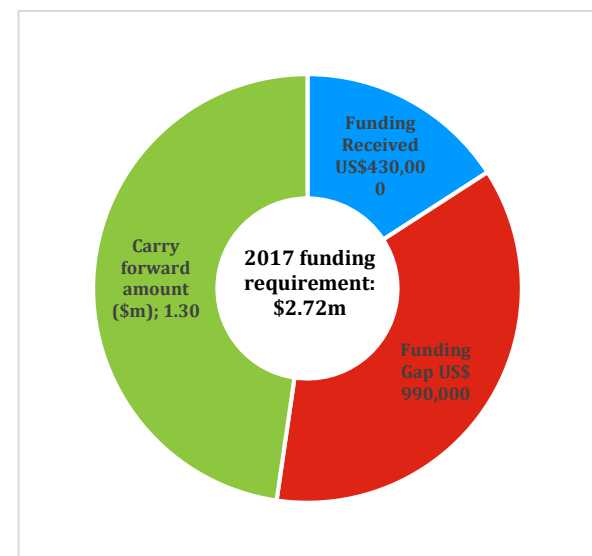
85,000

Children 6-59 months affected by severe and moderate acute malnutrition

24%

Prevalence of stunting among children under-five

UNICEF Appeal 2017
US\$ 2.7 million



Highlights

- In the six northern regions, UNICEF-supported Community Health Workers (CHWs) have reached more than 4,800 children under five with nutrition screening, of which 112 were referred and treated for Severe Acute Malnutrition (SAM). Parents of these children also received key messages on sanitation and hygiene.
- In Ohangwena region, 145 CHWs and 150 Health workers were trained on Infant and Young Child Feeding practices and management of SAM. The Erongo region was the last one to roll out the Health extension Programme with the graduation of an initial 36 CHWs.
- The first open defecation free village was celebrated in Ohangwena during a ceremony led by the Ministry of Agriculture, Water and Forestry. In Ohangwena, Kavango (East and West) and Zambezi, more than 5,000 households from 218 villages have been triggered to build their own toilets using Community-Led Total Sanitation (CLTS) approach.
- Stock out of RUTF in the last six months in almost all the health facilities is resulting in an increase in SAM admissions.

UNICEF's Response with partners

| | UNICEF | |
|---|---------------|-----------------------|
| | UNICEF Target | Total Results (#) (*) |
| WASH: # children with access to water (7.5–15 litres per person per day) for drinking, cooking and personal hygiene | 180,000 | Being assessed. |
| Nutrition: # children under five receiving regular screening and adequate care at community and facility levels | 201,000 | 4 800 (**) |
| Nutrition: # children aged 6 to 59 months treated for SAM or MAM | 6,800 | 112 (**) |
| Child Protection: # of birth registrations for children under 5 in target regions | 21,000 | 40,957 (#) |

*Total results are cumulative for the calendar year 2017

**Based on regions which have reported to date. Numbers may increase as additional reports received.

Situation Overview & Humanitarian Needs

The population displaced in the northern regions (Kavango East, Kavango West, Ohangwena, Omusati, Oshana and Zambezi) by the La Niña induced floods have now returned to their homesteads but continue to suffer from its effects. The estimated 155,924 people most affected by floods require humanitarian assistance in terms of food aid, treatment for severe acute malnutrition (SAM) and malaria.



Map Sources: ESRI, Europa Technologies, UNCS
The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. Map created in Nov 2011.

Source: Reliefweb
The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

The El Niño induced drought and flooding due to the La Niña compounded with poor sanitation, especially in rural areas, had a negative impact on household income, food security and also contributed to the spread of diseases. The situation is complicated by stock out of RUTF and other nutrition commodities. Close to 75 per cent of health facilities country-wide reported complete stock out of RUTF since the start of the year. In response, the Ministry of Health and Social Services, through the Global Fund for AIDS, TB and Malaria (GFATM), ordered 300 cartons of RUTF that will last for the next three months.

Malaria has surged in the northern regions with approximately 53,000 new cases and 72 deaths reported in the first six months of 2017. Floods provided a fertile ground for the mosquitoes to breed and despite the government efforts to control and eliminate mosquitoes through residual spraying and active case search.

The 2017/18 rainy season is forecasted to be normal to below normal for October to December 2017 and normal to above normal rainfall January to March 2018¹.

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.

UN agencies, including UNICEF, share information and provide support to the government through the Emergency and Humanitarian Focal Points convened by the IOM Representative on behalf of the UN Country Team (UNCT). The UN Emergency and Humanitarian Focal Points Committee developed a concept note to prioritise areas for joint UN support to the government.

¹ SARCOF-21 (August 2017)

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 supports situational monitoring and advocates for government resources to reach the most vulnerable populations 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.

Summary Analysis of Programme Response

Nutrition

UNICEF continues to provide financial and technical support to the Ministry of Health and Social Services (MoHSS) on the training of Health Workers (HWs) and Community Health Workers (CHWs) to bridge the gap between health facilities and communities. In total, Namibia has trained and deployed 1,686 Community Health Workers in 13 regions since the programme's inception in 2012. With another 719 who have been trained under the current financial year the country is moving rapidly towards the national target of 4,100. Of these, during July-September, a total of 145 CHWs and 150 HWs were also trained on Infant and Young Child feeding practices and management of severe acute malnutrition respectively, which is 90 per cent of the planned target for the quarter.

CHWs are instrumental in increasing access and utilisation of nutrition services amongst the vulnerable people and groups in remote areas. They provided nutrition education, counselling and support to 4,800 mothers of under-five children and HWs were equipped with skills on SAM management to effectively treat the children to avoid relapse and were encouraged to work with CHWs for continuity of care and support of discharged patients. Of these, 117 children under-five were referred and treated for SAM.

In response to the reported stock outs of RUTF and other nutrition commodities due to financial constraints and a shortage of key staff at the Central Medical Stores, the Ministry, with the support of GFATM has ordered stocks for one quarter in the interim, while a longer-term solution is being developed in partnership with USAID and UNICEF.

Health

UNICEF Namibia supported the Ministry of Health to finalize the Malaria Strategic Plan 2017-2022 and to update the malaria emergency response plan. An additional 45,000 bed nets will be required to meet the needs prior to the next rainy season starting in November 2017. The Minister of Health and Social Services launched spraying in the six northern regions. This operation will continue until December 2017.

WASH

The joint team (Ministry of Agriculture, Water and Forestry, Ministry of Health and Social Services, Ministry of Education, Arts and culture, and UNICEF) deployed in Ohangwena, Kavango (East and West) and Zambezi conducted training and triggering of more than 5,000 households from 218 villages using the CLTS approach. Villages have responded with the building of toilets at the households. In addition, in the first half of 2017, UNICEF-supported CHWs reached 2,521 children and adults through health and sanitation promotion activities in the Oshana region.

This positive experience with CLTS was shared with all partners of the WATSAN (Water and Sanitation) Forum to promote the scale up of this approach as a cost-effective alternative to current supply-driven approaches. Additional funds are required to scale up the CLTS approach beyond the current nine demonstration villages.

The parastatal responsible for water supply, NamWater, has completed the registration of the water tankers provided in the second quarter. UNICEF has provided the training of tanker operators. Only after the deployment of the water tankers in the fourth quarter will they be able to provide data on numbers of communities supported by water trucking activities.

Education

UNICEF continues to provide technical support in emergency preparedness and response as required, however the Government has not requested official support from UNICEF.

Child Protection

A side effect of the drought/ floods is displacement of household members to seek employment. This is partly reflected in increased reports of child neglect which have been received, with 198 cases reported since July till August 2017 (male 84/female 114). From July to September 2017, 216 vulnerable children were placed in foster care (male 132/female 84). In addition, three cases of child abandonment (female 3) were reported, and based on vulnerability they are also placed in alternative care. The Ministry of Home Affairs and Immigration has accelerated Birth Registration, reaching 40,957 under-fives over a 12-month period. UNICEF is supporting the linkages between health-facility based birth notification and the civil registration systems to increase coverage of birth registration.

Social Protection

The Ministry of Gender Equality and Child Welfare is responsible for social grants for children: the Maintenance, Special Maintenance (children under 16 years with a disability), Foster Care and the Vulnerable Child Grant. The Vulnerable Child Grant was introduced in 2014 to cater for the most vulnerable children in cases where both parents are unemployed. The number of children who have been added to the grants from July until September 2017 in the identified areas are 11, 466. A total of 184,211 children are benefiting from the grants in these areas, with Ohangwena having the highest number of 53,740 children.

HIV & AIDS

A contribution was received from USAID in June 2017 to conduct a retrospective assessment of the impact of the 2016 drought on people living with HIV in terms of their access to services, with a specific focus on ART and nutrition. This will be conducted from 9-27 October 2017 and will identify additional WASH and nutrition supply needs to mitigate the impact, as well as strengthen sensitivity to the needs of people living with HIV in future emergency preparedness and response.

Communications for Development (C4D), Community Engagement & Accountability

UNICEF, together with the Ministry of Agriculture, Water and Forestry has developed a strategy for Community Led Total Sanitation (CLTS), including messages and materials that will be used for social mobilization. Since May 2017, joint teams have initiated community assessments, and developed social mobilization and monitoring plans in preparation for the launch of CLTS which took place in July 2017. UNICEF has worked in collaboration with the Ministry of Agriculture, Water and Forestry and the Ministry of Health and Social Services to roll out the Community Led total Sanitation programme in four districts. CLTS and School-Led Total Sanitation (SLTS) trainings were conducted in the four regions of Ohangwena, Kavango West, Kavango East and Zambezi from 29 May to 11 August 2017. The focus of the training was to influence the behaviours of communities towards taking their own actions and initiatives to be open defecation free. This has resulting in the triggering of 5,000 households to take actions to construct their own latrines and adopt positive sanitation and hygiene practices. In July, the Village of Ondigwanyama in Ohangwena Region celebrated its Open Defecation Free (ODF) status, becoming the first village in Namibia to be ODF.

UNICEF is also supporting the City of Windhoek in health promotion initiatives, aimed at promoting awareness about good food handling hygiene among the food handlers, including handwashing with soap at critical times. Ten community markets are being supported with hygiene awareness information.

Supply and Logistics

Through Procurement Services, UNICEF supported the Government of Namibia to procure weighing scales to support the growth monitoring and promotion programme. A Memorandum of Understanding (MOU) between UNICEF and the Ministry of Health and Social Services for procurement services for immunization and, more recently nutrition supplies resulted in approximately 60 per cent costs savings compared to previous tenders for vaccines.

Funding

UNICEF Namibia is grateful to donors including USAID,² and those who fund UNICEF’s Humanitarian Thematic Funds, five per cent Set Aside and global core resources for the contributions that have been received in WASH, Nutrition and Health to date. As part of the regional Southern Africa El Niño/La Niña Humanitarian Action for Children (HAC), UNICEF Namibia requires a further US \$990,000 to meet the humanitarian needs of women and children in the country in 2017. Without additional funding, UNICEF will not be able to scale up the support to build resilience in the population in the critical sectors of Nutrition, Health, Education and Child Protection.

| Funding Requirements (as defined in Humanitarian Appeal of 31/01/2017 for a period of 12 months) | | | | |
|--|------------------|------------------|----------------|-----------|
| Appeal Sector | Requirements | Funds available* | Funding gap | |
| | | | \$ | % |
| Nutrition | 272,000 | 73,308 | 198,692 | 73 |
| Health | 853,000 | 468,811 | 384,189 | 45 |
| Water, sanitation and hygiene | 1,033,000 | 1,189,810 | -156,810 | 0 |
| Child Protection | 303,000 | 0 | 303,000 | 100 |
| Education | 261,000 | 0 | 261,000 | 100 |
| Total | 2,722,000 | 1,731,929 | 990,071 | 36 |

* Funds available includes funding received against current appeal as well as carry-forward from the previous year.

**To support the WASH and health response (water trucking and CLTS promotion) ORR funds in the amount of US\$1,296,296 are also reflected in the carry-over to provide support to humanitarian response in Namibia.

Website: <http://www.unicef.org/namibia/>

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² USAID funds contribute to both development assistance and resilience building, as well as humanitarian response.

SUMMARY OF PROGRAMME RESULTS

| | UNICEF and IPs | | |
|---|----------------|----------------|------------------------------|
| | 2017 Target | Total Results* | Change since last report ▲ ▼ |
| NUTRITION | | | |
| # children under five receiving regular screening and adequate care at community and facility levels | 201,000 | 4,800 (**) | 2,365 |
| # children aged 6 to 59 months treated for SAM or MAM | 6,800 | 112 (**) | 95 |
| WATER, SANITATION & HYGIENE | | | |
| # children with access to water (7.5–15 litres per person per day) for drinking, cooking and personal hygiene | 180,000 | Being assessed | No Change (***) |
| CHILD PROTECTION | | | |
| # of birth registrations for children under 5 in target regions | 21,000 | 40,957 | 40,957 |

*Total results for all indicators are cumulative for the period Jan-Dec 2017

** Based on regions which have reported to date. Numbers may increase as additional reports received.

(***) Data will only be available after the water trucks have been deployed by NamWater.