UNICEF Namibia Situation Report – Jan to Dec 2018

Namibia Humanitarian Situation Report
Jan-Dec 2018

Highlights

- In 2018, there was an outbreak of Hepatitis E with more than 4,009 confirmed and suspected cases and 34 deaths. The outbreak is protracted and most cases are detected in informal settlements.

- Seasonal floods affected the northern region of Namibia between January and April, affecting approximately 27,000 learners due to the flooding of schools.

- Between May and July, there were 70 confirmed cases of Influenza A H1N1 with two deaths; 40 per cent of confirmed cases were children under five.

- There have been two confirmed cases and one suspected case of Crimean-Congo Hemorrhagic Fever (CCHF).

<table>
<thead>
<tr>
<th>UNICEF’s Response with partners</th>
<th>UNICEF</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>UNICEF Target</td>
</tr>
<tr>
<td>WASH: # children with access to water (7.5–15 litres per person per day) for drinking, cooking and personal hygiene</td>
<td>205,020</td>
</tr>
<tr>
<td>Nutrition: # children under five receiving regular screening and adequate care at community and facility levels</td>
<td>124,790</td>
</tr>
<tr>
<td>Nutrition: # children aged 6 to 59 months treated for SAM or MAM</td>
<td>8,500</td>
</tr>
</tbody>
</table>

UNICEF Appeal 2018
US$ 1.66 million

Funding

- Funding Received: US$47,390
- Funding Gap: US$ 1,090,351
- Carry forward amount: US$ 108,347

*Total results are cumulative for the calendar year

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
- 8,500 Estimated number of children 6–59 months affected by severe and moderate acute malnutrition
- 6% Prevalence of wasting among children under-five
Situation Overview & Humanitarian Needs

**FLOODS**
Floods during the rainy season (January-April 2018) in the north affected 27,000 students from 102 schools in Omusati, Oshana, Ohangwena and Zambezi regions.

**HEPATITIS E OUTBREAK**
Following the outbreak of Hepatitis E Virus (HEV) in September 2017 in Windhoek (declared by the Ministry of Health and Social Services on 24 December 2017), the disease spread to eight out of 14 regions around the country. The outbreak has become protracted and most of the cases are detected in areas where access to water, sanitation and hygiene are limited. Most cases are reported to have come from the informal settlements of Havana and Goreangab in Windhoek and the Democratic Resettlement Community (DRC) in Swakopmund. As of 2 December 2018 (epidemiological week 48), a cumulative total number of 4,009 cases were reported with 530 laboratory-confirmed and 2,840 epidemiologically-linked. Of those, 227 cases were pregnant women. A total of 34 deaths (case fatality rate of 0.8 per cent) have been reported, indicating an acceptable quality of care, however, 16 (47 per cent) of total HEV deaths were pregnant or post-partum women. Maternal deaths constitute seven per cent of the total pregnant women who reported to clinics with HEV infection. Ninety-eight children, aged 0-10 years, were affected, representing 2.5 per cent of all cases.

According to an assessment conducted by Ministry of Health and Social Services (MoHSS) in the affected areas, up to 68 per cent of households defecate in the open. In order to stop the outbreak, there is a need to intensify response activities, especially social mobilization and WASH and community surveillance to ensure the community understands the disease, improves hygiene and sanitation practices, and cases are detected and referred to health facilities for proper treatment and management of the outbreak.

**Table 1: Summary of Reported Case by Region (MoHSS, November 2018)**

<table>
<thead>
<tr>
<th>Region</th>
<th>Khomas</th>
<th>Erongo</th>
<th>Omusati</th>
<th>Oshangwena</th>
<th>Oshana</th>
<th>Oshikoto</th>
<th>Kavango</th>
<th>Otjo</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>District</td>
<td>Windhoek</td>
<td>Omaruru, Swakopmund, Usakos, Walvis Bay</td>
<td>Okahao, Oshikuku, Outapi, Tsandi</td>
<td>Eenhana, Engela</td>
<td>Oshakati</td>
<td>Omuthiya, Onandjokwe, Tsumeb</td>
<td>Andara, Rundu</td>
<td>Grootfontein</td>
<td></td>
</tr>
<tr>
<td>Cumulative HEV confirmed cases¹</td>
<td>2,719</td>
<td>877</td>
<td>129</td>
<td>44</td>
<td>81</td>
<td>50</td>
<td>28</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Maternal cases reported²</td>
<td>170</td>
<td>31</td>
<td>13</td>
<td>3</td>
<td>3</td>
<td>4</td>
<td>3</td>
<td>0</td>
<td>227</td>
</tr>
<tr>
<td>HEV deaths³</td>
<td>26</td>
<td>3</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>34 CFR 0.9%</td>
</tr>
<tr>
<td>Maternal deaths</td>
<td>11</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>16</td>
</tr>
</tbody>
</table>

¹ Excludes discarded and cases with unassigned classification, and includes only lab confirmed, epi-linked, and suspected cases.
² Maternal cases include those lab-confirmed, epi-linked, or suspected cases reported as pregnant, miscarriage, or postpartum. Discarded or cases with unassigned classification cases are excluded.
³ HEV deaths include those reported among lab-confirmed, epi-linked, or suspected cases. Discarded cases are excluded.

Other outbreaks confirmed during the reporting period include two cases of Crimean-Congo Hemorrhagic Fever (CCHF), which were reported in February and April. All suspected cases and contacts of CCHF index cases were investigated and monitored for two weeks. CCHF was contained promptly due to good collaboration by Government, UN and other partners. In addition, 70 cases of AH1N1 were reported in 2018 in seven regions with two deaths both children under five years.

¹ WHO Weekly Bulletin on Outbreaks and Other Diseases, week 15-21 December 2018.
² Ibid
Malaria was detected mainly in the Kavango East and West regions, while cases were also reported in Ohangwena. The cumulative number of malaria cases reported up to June 2018 is 24,000, compared to 32,000 cases in 2017 during the same period. The reason of the decrease is the massive response comprising distribution of bed nets to affected households, spray of insecticide in all houses in the North, and reinforcement of surveillance.

Humanitarian Leadership and Coordination
UNICEF, in coordination with UN agencies, shares information and provides 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 prioritize areas for joint UN support to the Government.

The National Health Emergency Management Committee (NHEMC), District and Regional Health Emergency management committees were activated and are regularly meeting to oversee the HEV response. The Khomas School Health Task Force was also actively involved in addressing disease prevention interventions in schools within the epicenter. UNICEF trained this task force in 2017 and 2018 and participated in key strategic HEV response meetings. UNICEF is co-chair of the NHEMC WASH Theme Group, which is one of the five thematic groups. The NHEMC meets on a weekly basis to provide progress updates, share the latest information and challenges on the HEV outbreak. WHO leads the coordination of the UN inter-agency committee for the national response on the Hepatitis E outbreak.

Humanitarian Strategy
UNICEF Namibia’s humanitarian strategy targets vulnerable children and their families and focuses on an integrated approach to programme delivery to reach the most vulnerable populations in line with UNICEF’s Core Commitment for Children in Humanitarian Action (CCCs). UNICEF also supports strengthening of government capacity for emergency coordination and response, including the use of procurement services by government, and by instituting relevant recommendations from the UN Capacity for Disaster Reduction Initiative (CADRI) assessment. In response to recurrent drought and floods in recent years, UNICEF has supported the Government of Namibia to integrate CCCs into emergency preparedness and response, with a focus on nutrition, sanitation and hygiene as well as social protection in response planning to expand on the previous focus areas, which were food assistance and water supply. Availability of Regular Resources enabled UNICEF to be able to respond to emergencies despite a critical funding gap for a humanitarian response.

Summary Analysis of Programme Response

Nutrition
Community Health Workers (CHWs) continued to provide nutrition education, counselling and support including screening of children for malnutrition in six supported northern regions (Zambezi, Ohangwena, Omusati, Kavango, Kunene and Oshana). A total of 16,907 mothers of children aged 6-59 months received IYCF counselling and 107,319 children under-five years of age received regular nutrition screening. UNICEF supported MoHSS with 150 cartons of Ready to Use Therapeutic Food (RUTF), 350 cartons of Ready to Use Supplementary Food (RUSF), 90 cartons of therapeutic milk and 100 cartons of therapeutic complex of minerals and vitamins (CMV) for the treatment of malnourished children and stock is expected to sustain the current demand up to mid-2019. UNICEF provided MoHSS with 1,062 PACs of retinol 20000IU and 397 PACs of retinol 100000IU to cover 197,707 children, or 60 percent of children under-five years across the country through routine and child health days. During the year, 3,758 severely malnourished children were treated, of whom 2,806 were discharged as cured, 940 defaulted and 12 died. The majority of the malnutrition cases come from the northern regions bordering Angola, and many of those admitted are Angolans seeking treatment from Namibia. The Angolan cases constitute the majority of those who default and are difficult to follow up. UNICEF will continue to support MoHSS to strengthen the case identification and referral system through training and support supervision of community health workers. UNICEF will also support the government to review the cross-border Memorandum of Understanding on Health with Angola to incorporate emerging nutrition and other health challenges.

Due to funding constraints, there were limited capacity building activities for both community health workers and health providers despite the prevailing needs in the communities. Only 101 community health workers and 54 health workers were trained on IYCF in Kavango and Zambezi regions. The significant capacity gaps among health workers in the management of malnutrition and poor quality of nutrition data continues to be a challenge for the planning and delivery of quality nutrition services.

Health
The Ministry of Health and Social Services confirmed two cases of Crimean-Congo Hemorrhagic Fever in 2018, of which 1 case was in Omaheke region in February 2018 and another in Kharas region in April 2018. One patient died and the other survived. Another suspected case from Kharas in April 2018 died before the laboratory investigation could be done. All suspected cases and contacts of CCHF index cases were promptly investigated and monitored. Since April to date, no other cases were reported and the CCHF was contained promptly, owing to good collaboration among members of the National Health Emergency Management Committee including MoHSS, Veterinary Services, UN organizations, CSOs and development partners.
Based on the official statement made by the MoHSS in July 2018, 70 cases of Influenza A H1N1 virus were confirmed for May-July 2018. Of the 70 cases, 28 were children under five years; 10 are children aged between five and nine years of age. Two deaths (both children under-five years) were recorded.

UNICEF played a key role in providing technical assistance for the revision of the preparedness and response protocol for the health sector. UNICEF also supported the Government to strengthen the communication to mobilize communities and to inform individuals on how to protect themselves from CCHF and A H1N1 infections using tools and creative materials developed by UNICEF.

**WASH**

As part of Hepatitis E outbreak response, UNICEF provided technical support to the Government and the City of Windhoek to ensure supply of safe drinking water, increase access to sanitation. With financial support from USAID and the Government of Japan, UNICEF procured water purification tablets, hand washing soaps and handwashing basins, which were handed over to MOHSS and the Ministry of Education, Arts and Culture (MOEAC) to distribute in communities and schools in the affected areas as follows:

- MoHSS received 50 boxes of 70,000 water purification tablets and 33,000 bars of handwashing soap were distributed to affected communities in the Khomas, Omusati and Ohangwena region, benefitting 552,475 people.
- MOEAC received 240 containers of liquid handwashing soap and 240 water containers with taps, which were distributed to 22 schools in the affected areas covering 19,547 (9,419 male and 10,128 female) learners to ensure availability of safe drinking water and to promote handwashing with soap in the affected areas to combat the outbreak.

UNICEF provided Community Led Total Sanitation (CLTS) and Community Behavior Change Strategies (CBSC) training to 30 mid-level management staff in Windhoek. UNICEF also facilitated the redeployment of one of the Namibian Water Corporation’s water trucks for the provision of safe water to vulnerable communities. The water truck was used on a daily basis to transport drinking water, up to 10,000 litres, to the informal settlements in Windhoek affected by Hepatitis E to ensure access to safe drinking water. The water points were used as an entry point for hygiene promotion interventions focusing on hand washing with soap for children and their caregivers.

Key challenges include limited community ownership of shared resources leading to vandalism of toilets and water tanks, difficulties building toilets and water points due to the topography, and difficulties in accessing some communities with water trucks due to the terrain and access routes, as well as limited inter-ministerial coordination.

**Education**

In 2018, UNICEF continued to provide technical support in emergency preparedness and response to the MOEAC through the training of regional school health officials, development of emergency response guidance, and assisting with impact documentation. In February 2018, the Regional Directorate of Education, Arts and Culture reported the closure of two schools, Caprivi Senior Secondary School and Weze Primary School in the north-eastern region of Zambezi due to seasonal floods. In April, five schools in flood prone areas, Muzii Combined, Nankutwe Combined, Mpukano Primary, Namiyundu Primary and Ikaba Combined Schools were affected. In addition, the community hostel at Ikaba Combined School was flooded. In response, the Regional Directorate instructed 47 Grade 9 and 10 learners from Muzii to be temporarily relocated to Lusese, where they resumed classes. In Kunene region, the flash flood in Epupa in April left 172 pupils from Otjimuhaka unit and one from the Ondao mobile school temporarily stranded after classrooms were flooded with water. The Government led the on the ground response and did not request any financial support from UNICEF. However, the Ministry of Education, Arts and Culture kept UNICEF involved on what was being done at the regional level to support affected schools. This demonstrates increased ownership, which should sustain the response. The classes and schools that were flooded were relocated to temporary structures, enabling learners to continue to attend classes. In addition, secondary school teachers made special arrangements with learners, in particular Grades 10 and 12, to attend classes during the August school holidays in order to catch up with lessons and prepare for the examinations.

**Child and Social Protection**

UNICEF has been supporting the Government of Namibia in its efforts to increase birth registration as part of its regular programme through the introduction of an e-birth notification system and through outreach to areas with low birth registration rates, where children and their caregivers are particularly vulnerable to additional shocks, such as floods and droughts. Birth registration is essential for access to child and vulnerable child grants as well as to emergency support, such as the food bank and other household support through the Drought Relief Programme. The number of children registered for the vulnerable child grant in Zambezi, Ohangwena, Omusati, Oshana, Kavango East and Kavango West regions increased from 106,314 in 2017 to 142,361 children by end of 2018. The vulnerable child grant is one of the key child-related grants, which was introduced in 2014 to support families in distressed situations.

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3 Thirty-five cases were from Windhoek; 24 from Okahandja; 6 from Rehoboth; and others from Gobabis, Aranos, Ondangwa and Katima.
Communication for Development (C4D)

UNICEF, in partnership with the Government, UN Agencies and civil society organizations, developed a strategy for social mobilization, community awareness and media engagement for the Hepatitis E outbreak. UNICEF also supported the development of radio and print information, education and communication (IEC) messages and materials for knowledge sharing and awareness raising. Weekly radio programmes broadcast through the Namibian Broadcasting Corporation were also used to sensitize communities about the outbreak. Eight social mobilization and community engagement sessions took place in affected communities to engage key community influencers, including traditional birth attendants, for the delivery of messages. Advocacy meetings were also held with counsellors from the two most affected constituencies (Havana and Goreagab) to solicit their support in mobilizing communities.

Messages and awareness-raising sessions were also held in 22 schools in Havana and Goreagab, where 19,521 learners were sensitized on good hygiene practices. These sessions complemented the distribution of soap and water buckets, which UNICEF handed over to the schools to make handwashing accessible to the learners.

UNICEF also provided technical support to the City of Windhoek health promotion initiatives aimed at promoting awareness food hygiene among the food handlers, including handwashing with soap at critical times. Ten community markets were supported with hygiene awareness information, while billboards with Hepatitis E awareness messages were installed in outbreak hotspots.

Funding

UNICEF Namibia would like to express its gratitude to donors who have funded UNICEF’s Humanitarian Thematic Funds, and regular resources, which supported UNICEF’s response to disease outbreak and flooding in 2018.

<table>
<thead>
<tr>
<th>Appeal Sector</th>
<th>Requirements</th>
<th>Funds available</th>
<th>Funding gap</th>
<th>Funding gap %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition</td>
<td>360,290</td>
<td>58,832</td>
<td>301,458</td>
<td>84</td>
</tr>
<tr>
<td>Health</td>
<td>500,000</td>
<td>503,074</td>
<td>-3,074</td>
<td>0</td>
</tr>
<tr>
<td>Water, sanitation and hygiene</td>
<td>240,000</td>
<td>93,831</td>
<td>146,169</td>
<td>61</td>
</tr>
<tr>
<td>Child Protection</td>
<td>303,000</td>
<td>0</td>
<td>303,000</td>
<td>100</td>
</tr>
<tr>
<td>Education</td>
<td>261,000</td>
<td>0</td>
<td>261,000</td>
<td>100</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1,664,290</strong></td>
<td><strong>655,737</strong></td>
<td><strong>1,008,553</strong></td>
<td><strong>69</strong></td>
</tr>
</tbody>
</table>

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

Next SitRep: July 2019.

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Who to contact for further information:

- **Rachel Odede**
  Representative
  Namibia
  Tel: +264 81 1291706
  Fax: +264 61 2046206
  Email: rodede@unicef.org

- **Gregor von Medeazza**
  Deputy Representative
  Namibia
  Tel: +264 81 1455323
  Fax: +264 61 2046206
  Email: gvmedeazza@unicef.org

- **Judy Matjila**
  Communications Specialist
  Namibia
  Tel: +264 81 1279963
  Fax: +264 61 2046206
  Email: jmatjila@unicef.org