Situation Overview & Humanitarian Needs

Namibia experienced persistent drought over the past four years which has caused farmers to sell livestock and a quarter of the population were classified as food insecure. The 2015/2016 rainfall season was characterized by poor and erratic rainfall and prolonged dry spells spanning from mid-January to end-February 2016. The President of the Republic of Namibia, H.E. Hage Geingob, officially declared a state of emergency on 24 June 2016 due to the ongoing drought.

Steady rainfall has been observed within the Cuvelai 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, Oshikoto, Ohangwena and Omusati and has resulted in the relocation of at least 1,092 people in Oshana and Omusati (assessment ongoing in other regions), as well as temporary school closures (numbers affected are still being compiled by the Government). The Ministry of Agriculture, Water and Forestry (MAWF) have warned of possible flooding in north-central Namibia. Regional institutions have been alerted and are putting contingency measures in place.

Date: 28 February 2017
(The numbers below are estimates from the SADC appeal 2016)

- **729,314** total population affected by drought (livelihood deficit)
- **311,626** children affected by drought (livelihood deficit)
- **595,839** total population of food insecure people requiring food assistance
- **254,594** children food insecure (requiring food assistance)
- **8,460** children 6-59 months affected by severe and moderate acute malnutrition
- **6%** prevalence of wasting among children under-five
- **24%** prevalence of stunting among children under-five

**UNICEF Namibia Appeal 2017**

**US$ 2,722,000**

Funds available include funding received against the original appeal as well as the carry forward from the previous year.
The government has confirmed the presence of the Fall Armyworm with outbreaks reported in Zambezi, Kavango, and the maize triangle (Grootfontein, Otavi districts in Otjozondjupa) where 50,000 hectares of maize and millet were damaged. Currently, this has had limited impact on households or the school feeding programming given that the impact is yet to be felt on the harvest and market availability. In the medium-term, reduced food supplies will result in price increases.

Namibia experienced two isolated cases of haemorrhagic fever in February and March 2017. The first victim was a 20-year-old male farmworker who died on 22 February 2017, after two days of hospitalisation in Gobabis hospital (eastern Namibia, border with Botswana). The second case, not related to the first, is now confirmed, and is recovering in quarantine in Windhoek Central Hospital.

As the rainy season progresses, the Ministry of Health and Social Services has recorded an outbreak of Malaria, affecting nine northern regions, bordering Angola and Zambia. The number of cases reported from January to February 2017 is 7,003. This is more than double the number recorded from the same period in 2014; an increase of 111 per cent.

### Estimated Affected Population (floods) – As of March 2017

<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>732</td>
</tr>
<tr>
<td>Omusati region</td>
<td>60</td>
<td>360</td>
</tr>
<tr>
<td>Total (2 regions)</td>
<td>182 households</td>
<td>1,092</td>
</tr>
</tbody>
</table>

### Humanitarian leadership and coordination

To address the challenges posed by the disaster and climate risk facing the country, the Government of Namibia has an established National Disaster Risk Management System (NDRMS). 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;
- 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, as it does not meet regularly; the committee 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 have also been submitted to Cabinet for review.

Namibia participated in the regional SADC El Niño drought appeal 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 UNCT, with the Resident Coordinator’s Office providing the Secretariat. Sector leads are identified through the 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 (CCCs) in Humanitarian Action. 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 the Republic 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 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.

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

Summary Analysis of Programme Response

WASH
Improved sanitation and hygiene practices are critical to reduce diarrhoea and environmental enteropathy related malnutrition due to the increased vulnerability of households and individuals caused by drought, and now floods. Over 51 per cent of the population practices open defecation (up to 80 per cent in rural areas). UNICEF Namibia is therefore supporting national policy and strategy revision, as well as modelling the Community Led Total Sanitation (CLTS) approach. UNICEF is also providing humanitarian assistance through water trucking to the rural communities affected by the drought, ensuring communities and schools practice safe hygiene practices, and promote improved sanitary latrines and the avoidance of open defecation in order to improve health and nutrition status.

UNICEF is supporting the Government in three key areas: (1) Emergency response through water trucking to affected off-pipe communities (2) sanitation and hygiene promotion through CLTS, and (3) Water and Sanitation in schools.

With the funds received in December 2016 from USAID, the initial action has been procurement of water trucks, water purification materials and supplies, of which the first will be delivered before the end of March 2017.

Health and Nutrition
The March 2016 Food and Nutrition Security Assessment, the latest available, identified the highest percentage of food insecure households in the regions of Kavango West (62 per cent), Zambezi (51 per cent) and Otjozondjupa (41 per cent). The assessment further revealed that although most food commodities are available in the local markets, prices are higher than in 2015. The stunting rate remains high for a middle income country with 26 per cent of children under five affected. The high use of negative coping strategies, such that reduced food intake was identified in the March 2016 Food and Nutrition Security Assessment, plus additional cases of moderate malnutrition and increasing poor food consumption scores, are indications of a deteriorating food security situation in Namibia.

The sharp increase in cases of malaria in the first two months of 2017 are a consequence of poor sanitation and high rates of stagnant water.

Planned interventions, which require additional funding are: training of 340 Health Workers on integrated management of early childhood illnesses, new-born care, early detection of malnutrition and disease outbreak prevention; training of 2,100 Health Extension Workers to provide community case management, community new-
born care, early detection of disease outbreaks and malnutrition and on infant and young child feeding at household level; and children under-five receive regular screening and adequate care or referral at community and facility levels.

Child Protection
Close to 25 per cent of children in Namibia live separated from their parents, and are looked after by other primary caregivers. Global evidence indicates that family separation further intensifies during natural disasters, as parents send their children away to live with relatives elsewhere. In Namibia, the impact of drought on displacement and separation of children has however not been addressed through existing assessments however UNICEF and UN partners continue to advocate that it be added to the Government response which to date has been primarily linked to water, food relief and livestock support. Simultaneously, birth registration for children under five is as low as 60 per cent in Kavango East, one of the drought-affected regions, which impacts on access to child grants, education and other basic social services for children. Efforts have started in affected regions to improve the systems for timely birth notification and registration, and need to be further rolled-out.

Social Protection
Namibia has a well-developed social protection system, with five grants dedicated to children. Evidence in the region has demonstrated that social protection systems and programmes can play an important role in addressing the impact of emergencies. In Namibia however social protection measures have limited shock-responsive design features and are not linked well with disaster risk reduction strategies. 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. The social worker cadre has limited resource capacity to undertake assessments and reviews for child grant eligibility to expand coverage for communities in the most affected regions. 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
Progress has been made in supporting primary schools to have adequate sanitation facilities for learners, from 76 per cent in 2012 to 92 per cent in 2015, according to 2016 Education Management Information System (EMIS) data. Progress however is uneven, from less than 60 per cent in Kavango East and Kavango West and 70 per cent in Zambezi (northern regions) to 100 per cent in Omaheke (in the East). This remains a factor behind drop outs, especially if girls are unable to practice menstrual hygiene at school. In addition, existing facilities are often poorly maintained in terms of construction and cleanliness and learners cannot use them, and no hand washing facilities are available. In response, UNICEF is supporting the Government-led integrated school health response, and a component of the USAID funds have been earmarked to support selected communities.

UNICEF, in partnership with IOM, produced the ‘Field Booklet for Emergency Preparedness and Response’ and accompanying materials, together with a series of training of trainers’ workshops for officials and Life Skills teachers from the Ministry of Education at national and regional level in 2015. Regions developed an action plan to cascade the training to schools, circuit offices and regional office departments. Additional copies were printed and disseminated in December 2016 by IOM. Supervision visits will assess end-use.

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). Zambezi, Erongo and Otjozondjupa are regions with the percentage of population who are severely food insecure and among the highest HIV prevalence among girls 15-19 years old. Given the strong relationship between food insecurity and HIV risk (e.g. through non-adherence, risky survival strategies, school drop-outs) identified in the 2016 All In! Assessment (UNICEF/ MOHSS 2016), it is essential for programs to target adolescent girls in order to mitigate the impact the drought has on HIV risk among this age group. Zambezi, Kavango East and West, Omusati and Otjozondjupa are among the regions which have developed specific action plans to address the bottlenecks in 2017. UNICEF is supporting expanded service delivery in these regions, through implementing partners.

UNICEF is also developing a protocol for assessing the impact of the drought on HIV-affected populations in partnership with USAID and Ministry of Health and Social Services.
Communications for Development (C4D)

This strategy is critical to support the community and household-level behaviour change in all sectors (e.g. community-led total sanitation, infant and young child feeding, safe survival strategies). UNICEF C4D specialist work closely with the line ministries including the training of Health Extension Workers to disseminate and discuss health information with community members, as well as identifying risks or symptoms requiring referral to health facilities. For Community Led Total Sanitation (CTLS), UNICEF, in consultation with the communities, will facilitate initial community assessments, develop a social mobilization and monitoring plan, organize the launch to introduce the CLTS, develop messages and materials that will be used for social mobilization, 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 for the water trucking and sanitation promotion in priority regions, funded by USAID. The first truck is due to be delivered on 24 March 2017 for official handover.

The Ministry of Health and Social Services continued to use the Memorandum of Understanding (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 costs savings compared to previous tenders for vaccines.

Media and External Communication

The Ministry of Health and Social Services has produced a series of press releases on the Haemorrhagic Fever outbreak and is now scaling up public health messages and using public gatherings in the four priority regions to disseminate information through multiple channels, including Health Extension Workers and schools, on malaria signs and symptoms and where to access testing and treatment.

Additional communications support addresses ethical media coverage focusing on the impact of drought on children, as well as using media to promote awareness and disseminate information and to give a platform for the voice of children themselves.

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>
<thead>
<tr>
<th>Appeal Sector</th>
<th>Requirements US$</th>
<th>Funds available* US$</th>
<th>Funding gap US$</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition</td>
<td>272,000</td>
<td>100,000</td>
<td>172,000</td>
<td>63%</td>
</tr>
<tr>
<td>Health</td>
<td>853,000</td>
<td>104,152</td>
<td>748,848</td>
<td>88%</td>
</tr>
<tr>
<td>Water, sanitation</td>
<td>1,033,000</td>
<td>1,296,296</td>
<td>-263,296</td>
<td>25%</td>
</tr>
<tr>
<td>and hygiene</td>
<td></td>
<td></td>
<td></td>
<td></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>Total</td>
<td>2,722,000</td>
<td>1,500,448</td>
<td>1,221,552</td>
<td>45%</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 April 2017

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