Highlights

- UNICEF provided eight water tanker trucks to the Government of Namibia to support water-stressed communities in seven drought-affected regions. UNICEF also provided 15,000 bednets in support of the malaria outbreak response which has affected more than 11,900 people in the first quarter of 2017.

- UNICEF-supported Community Health Workers have reached more than 6,000 children with nutrition screening (over 2,400 children under five), of which 76 children under-five were referred for treatment for SAM. In addition, over 2,500 people received key messages on sanitation and hygiene.

- Against the 2017 Humanitarian Action for Children, UNICEF Namibia requires an additional US $990K to meet the humanitarian needs of women and children. Without additional funding, UNICEF will not be able to scale up the support to build resilience in the population in the critical programmatic sectors

<table>
<thead>
<tr>
<th>UNICEF's Response with partners</th>
<th>UNICEF</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Target</td>
</tr>
<tr>
<td># children with access to water (7.5–15 litres per person per day) for drinking, cooking and personal hygiene</td>
<td>180,000</td>
</tr>
<tr>
<td># children under five receiving regular screening and adequate care at community and facility levels</td>
<td>201,000</td>
</tr>
<tr>
<td># children aged 6 to 59 months treated for SAM or MAM</td>
<td>6,800</td>
</tr>
<tr>
<td># of birth registrations for children under 5 in target regions</td>
<td>21,000</td>
</tr>
</tbody>
</table>

*Total results are cumulative for the calendar year 2017
**Sector targets: Government of Namibia: Drought Response Plan – not available.
***Based on regions which have reported to date. Numbers may increase as additional reports received.
Situation Overview & Humanitarian Needs
Between January and April 2017, Namibia received erratic rainfall which caused widespread flooding in the northern regions bordering Angola. This followed the El Niño-related drought emergency which was declared in June 2016 and ended in March 2017.

The floods affected an estimated 155,924 people and at their peak (April 2017) displaced 3,331 people who received shelter and essential services from the Regional Authorities of Kavango East, Kavango West, Ohangwena, Omuşatı, Oshana and Zambezi.

Flooding also contributed to an increase in malaria cases, affecting Namibia’s goal to control and eliminate malaria by 2020. Based on the statement from the Minister of Health on 29 March 2017, 11,902 people had contracted malaria in Namibia in the first quarter of 2017, resulting in 18 deaths. 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. The latest crop assessment reports that, despite this, the country received a good cereal harvest which is estimated at 84 percent higher than last season’s harvest and about 16 percent above the average production.

<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>Omuşatı 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><strong>Total</strong></td>
<td><strong>750</strong></td>
<td><strong>3,331</strong></td>
</tr>
</tbody>
</table>

*Figures from the Office of the Prime Minister. Since then, the displaced population has largely returned to their homes.

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

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1 Second quarter data is not yet available
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).

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 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.

Summary Analysis of Programme Response

Nutrition
Through UNICEF’s advocacy, training resumed for an additional 682 Community Health Workers (CHWs) after being suspended due to government budget constraints in March 2017. This will bring the total of deployed CHWs to 2,331 following graduation in September 2017. CHWs provide community based maternal new-born care and overall health promotion and screening for First Aid, Maternal Neonatal and Child Health, safe water treatment, hygiene and sanitation, TB/Malaria and HIV/AIDS, early detection of disease outbreaks, screening for malnutrition and counselling on infant and young child feeding at household level.

During the first half of the year, UNICEF-trained CHWs screened 6,743 children for malnutrition. Of this figure, 2,435 children were between the ages of 6-59 months (1,225 boys, 1,210 girls). Of these, 125 children (including 76 children aged 6-59 months) were assessed as clinically malnourished and referred for treatment. These numbers may increase as additional reports are submitted from the regions.

Health
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 to serve 8,300 households were handed over to the Ministry of Health in May 2017 and complements the Government-deployed community-level test-and-treat teams and ongoing indoor residual spraying. An additional 45,000 bed nets will be required to meet the needs prior to the next rainy season starting in November 2017.

WASH
UNICEF is supporting the Government of Namibia with emergency response through water trucking to affected off-pipe communities. In 2017, UNICEF procured eight trucks with water treatment supplies through funds provided by USAID. The first truck arrived in April 2017 while the remaining seven were handed over to the government in June 2017. Water trucking ensures equitable access to water and is combined with hygiene promotion interventions focusing on hand washing with soap at critical times, with a special focus on children and their caregivers.

UNICEF WASH interventions in both schools and communities pay attention to the needs of women, girls and children by ensuring that the latrines are suitable for their use, provide privacy, safety and security, as well as address menstrual hygiene management issues. UNICEF continues sanitation and hygiene promotion through the Community Led Total Sanitation (CLTS) approach to develop resilience in affected communities as well to prevent and manage sanitation-
related outbreaks such as cholera. Additional funds are required to scale up the CLTS approach beyond the current nine demonstration villages. 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.

Education
The Minister of Education, Arts and Culture reported to the National Assembly during the week of 10 April 2017, that 27,007 learners (50/50 boys and girls) were affected by the floods in four regions, Ohangwena, Omusati, Zambezi and Oshana. The Ministry is leading the response and to date has not requested partner support. Affected schools were assisted through additional lessons and classrooms to catch up (over weekends and/or the holidays if required). The Ministry of Education, Arts and Culture has made N$1.6 million (US$ 116,000) available for the exercise. The Ministry 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 also availed their rescue boats for the exercise. There are no reports of drops outs as a result, but this will be confirmed when the Annual Education Census is conducted in September, with preliminary results expected in December 2017.

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. In addition, UNICEF is supporting the Ministry of Home Affairs to strengthen systems for timely birth notification and registration, though piloting an e-birth notification system in major maternity wards in three regions; Khomas (central) and Ohangwena and Kavango West (northern Namibia) which will facilitate access to health services and social grants. To date, UNICEF has not received any humanitarian response funding for child protection activities therefore results in birth registrations have not yet been achieved.

Social Protection
Namibia has a nationally-funded social protection system and, during the drought, the government actively searched for additional vulnerable families to access social grants. 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.

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 which 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 drop-outs) identified in the 2016 ‘All In!’ Assessment (UNICEF/ MOHSS 2016), the regions of Zambezi, Kavango East and West, Omusati and Oshana have developed specific action plans to address the bottlenecks that hamper effective coverage of HIV interventions for adolescents during 2017. The identified bottlenecks were utilization of ART, HIV Testing and Counselling and Voluntary Medical Male Circumcision services, and unavailability of health workers trained on Adolescent Friendly Health Services in most of the selected regions. Corrective actions were developed through regional action plans and some of the key activities to address bottlenecks were included resulting in an increased ART retention amongst adolescents, increasing number of health workers trained in adolescent friendly health services, achieving viral load suppression and curbing the rate of teenage pregnancies.

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 in the third quarter of 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
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. Communication with adolescents is embedded in the regional action plans focussing on adolescent friendly health services and teen pregnancy, as identified by the 'All In!' assessment
On sanitation, 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 July 2017 launch of CLTS.

Supply and Logistics
Through Procurement Services, UNICEF supported the Government of Namibia to procure nutrition therapeutic foods (therapeutic milk, mineral vitamin complex) as well as scales and Mid-Upper Arm Circumference (MUAC) tapes to avoid stock outs in the first six months of the year. 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.

With support from USAID, UNICEF procured eight water trucks and other water treatment supplies for the water trucking and sanitation promotion in priority regions. The first truck was received in April 2017 for official handover and the remaining seven were handed over in June 2017. In addition, 15,000 bed nets were procured for distribution in advance of the next rainy season (starting November 2017).

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. 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)

<table>
<thead>
<tr>
<th>Appeal Sector</th>
<th>Requirements</th>
<th>Funds available</th>
<th>Funding gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition</td>
<td>272,000</td>
<td>73,308</td>
<td>198,692</td>
</tr>
<tr>
<td>Health</td>
<td>853,000</td>
<td>468,811</td>
<td>384,189</td>
</tr>
<tr>
<td>Water, sanitation and hygiene</td>
<td>1,033,000</td>
<td>1,189,810</td>
<td>0</td>
</tr>
<tr>
<td>Child Protection</td>
<td>303,000</td>
<td>0</td>
<td>303,000</td>
</tr>
<tr>
<td>Education</td>
<td>261,000</td>
<td>0</td>
<td>261,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>2,722,000</strong></td>
<td><strong>1,731,919</strong></td>
<td><strong>990,071</strong></td>
</tr>
</tbody>
</table>

*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.

Next SitRep: 30 September 2017

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2 USAID funds contribute to both development assistance and resilience building, as well as humanitarian response.
## SUMMARY OF PROGRAMME RESULTS

<table>
<thead>
<tr>
<th></th>
<th>Overall needs</th>
<th>2017 Target</th>
<th>Total Results*</th>
<th>Change since last report ▲▼</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NUTRITION</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># children under five receiving regular screening and adequate care at community and facility levels</td>
<td>n/a</td>
<td>201,000</td>
<td>2,435 (**))</td>
<td>0</td>
</tr>
<tr>
<td># children aged 6 to 59 months treated for SAM or MAM</td>
<td>n/a</td>
<td>6,800</td>
<td>76 (**)</td>
<td>0</td>
</tr>
<tr>
<td><strong>WATER, SANITATION &amp; HYGIENE</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># children with access to water (7.5–15 litres per person per day) for drinking, cooking and personal hygiene</td>
<td>n/a</td>
<td>180,000</td>
<td>Being assessed</td>
<td></td>
</tr>
<tr>
<td><strong>CHILD PROTECTION</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of birth registrations for children under 5 in target regions</td>
<td>n/a</td>
<td>21,000</td>
<td>0***)</td>
<td>0</td>
</tr>
</tbody>
</table>

Note: Sector needs and target not defined in Namibia: Drought Response Plan 2016/17, which was not made available to partners.

*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.

*** No funding has yet been received for the implementation of the Child Protection activities