UNICEF Namibia – Drought Situation Report #5

10 February 2014

Highlights

- As of 6 February 2014, Kunene Region reported 479 suspected Cholera cases, and 15 deaths (7 facility deaths and 8 community deaths). Case Fatality Rate: 3.3%.
- Nearly 40% of reported cases were among children below 15 years of age (22% were among under 5 children)
- WHO, CDC, Namibian Red Cross Society (NRCS) and UNICEF joined hands with MoHSS in Cholera Outbreak Response Team
- Sporadic Cholera suspected cases reported from Omusati, Oshana and Ohangwena
- Household food security situation has weakened and fragile in regions as most depleted their last season’s harvest and now dependent on the market and drought relief food.

Situation Overview & Humanitarian Needs

On 3rd January 2014, Opuwo District/Regional Health Team reported an outbreak of Cholera to Ministry of Health and Social Services. Cases have been detected since mid-December 2013 and stool samples tested positive for Vibrio Cholera sero-group O1, sero-type Ogawa. On 6th January 2014, Directorate of Primary Health Care called an emergency meeting on Cholera Outbreak Response and requests for technical assistance were sent to WHO, CDC and UNICEF to provide technical and other support needs for outbreak response.

Cholera Outbreak Response Team led by the Director of Primary Health Care, Deputy Director of Epidemiology, and Deputy Director of Family Health Division consists of members from MoHSS in Windhoek, Kunene Regional/District Health Team members, CDC, WHO, NRCS and UNICEF. Outbreak Response Team met regularly and joined by the Honorable Regional Governor and his team on 10 January 2014. The Outbreak Response Team was divided into four working groups i) Case Management; ii) Surveillance; iii) Logistics and iv) Social Mobilisation.

Number of reported cases suddenly increased during the last day of December and first few days of January 2014, where most of the festivities were on-going and many staff members were on leave.

Protracted drought in many parts of Opuwo district contributed to this Cholera outbreak as many boreholes dried up and families traveled with animals far from water sources in order to find grazing grounds. Moreover, people are drinking from whatever water sources available and sharing the same water source with animals. Lack of personal hygiene and sanitation, especially lack of hand washing practices, facilitated a rapid spread of Cholera even in a sparsely populated area. One surveillance team reported increasing number of Cholera cases after many people attended a funeral (died of suspected Cholera) where people showed up, shared food and drinks, and shook hands.

As of 6 February 2014, a cumulative total of 479 cases were reported in Kunene Region with 14 lab confirmed and 15 deaths (Case Fatality Rate – CFR 3.3%). Total number of people died at the health facilities were 7 and deaths in the community were 8. Currently, an average of three cholera patients are admitted to the Opuwo State Hospital in the Kunene Region every day.

38% of cholera suspected cases are among Children below 15 years of age, with 22% under the age of five years. Cholera outbreak affecting many young children – indicates that there has been local transmission for quite some time in the area. Cholera affected more females (53%), compared to males (47%).
Cholera deaths in health facilities were attributed mainly to the late arrival of patients or late initiation of rehydration. Distance and prolonged travel time for referrals are contributing factors to the reported deaths in health facilities.

There were five isolated confirmed cases reported from other regions during the reporting period: Oshana (1), Omusati (1), and Ohangwena (3). Though the current outbreak has been stabilized, it is still likely to continue, considering the on-going drought situation in some areas, possible floods in some regions, and existing challenges of water supply, hygiene and sanitation problems on the ground.

Agricultural Inputs and Household Food Security Situation Report, December 2013 published by National Early Warning and Food Information System reported that household food security situation has seemingly weakened and is increasingly fragile in the regions as most households have reportedly depleted their last season’s harvest and now depend on the market and drought relief foods for food access. According to households interviewed last season’s harvest only lasted between July and August this year.

The same report highlighted that pasture conditions from various parts of the regions have deteriorated greatly and many farmers have lost some of their livestock due to the prevailing drought conditions.

Namibian Meteorological Services reported that some regions are expecting above average rainfall during January to March 2014 and Zambezi River already showed slight increase in water level compared to last year (1.55 meter compared to 1.25 meter the same time last year). Some regions, including Kunene, have yet to receive rains this season.

UNICEF participated in the Cholera Outbreak Response Team led by the Director of Primary Health Care, Deputy Director of Epidemiology, and Deputy Director of Family Health Division which consists of members from MoHSS in Windhoek, Kunene Regional/District Health Team members, CDC, WHO and Namibian Red Cross Society (NRCS). Outbreak Response Team was in Opuwo between 7 and 18 January 2014. The team met regularly and joined by the Honorable Regional Governor and his team on 10 January 2014. The Outbreak Response Team was divided into four working groups i) Case Management; ii) Surveillance; iii) Logistics and iv) Social Mobilisation.

The National Emergency Operations Centre (NEOC) was activated in late 2013 and the Emergency Response Plan has been adopted in October 2013. However, the biggest challenge remains the issue of water stress for livestock and human consumption in some parts of the country, Kunene in particular.

The government and partners continue responding through provision of free food as drought relief to affected regions; livestock market incentive programme which encourages willing farmers to destock before animal body deteriorates, drilling of boreholes for drinking water for both humans and livestock, and provision of soup kitchens through church organizations and the Namibian Red Cross Society among other interventions.

**Humanitarian leadership and coordination**

One of the major strengths of Cholera Outbreak response was the rapid action from the MoHSS and the health sector. Logistic team made sure that all the tents arrived on time, additional staff members deployed and ensured availability of sufficient supplies such as medicines, and ORS, etc. Six treatment tents at Opuwo District Hospital and two at Etanga Clinic were set up for isolation of Cholera cases and provision of adequate care by health staff. Engagement of Regional Governor, Regional Disaster Management Team and other sectors paid off as water tanks were deployed and water trucking is currently taking place between Opuwo and Etanga area. A Police Helicopter is available for 5 days to carry out surveillance as well as supply distribution to the most hard to reach areas in Etanga and other constituencies in Opuwo.

The role of Health Extension Workers was crucial in curtailing the outbreak at an early stage as they played an important part in linking the communities and health staff as well as providing health education, distribution and demonstration of water purification sachets, use of ORS, etc.
Namibian Red Cross Society is another active partner in Cholera Outbreak Response in Opuwo District. UNICEF and NRSC signed a project cooperation agreement in June 2013 to support drought affected regions on emergency preparedness and response focusing on WASH and nutrition activities. UNICEF provided N$ 5,700,000 (US$ 570,000) including the supplies of water purification tablets, water containers (collapsible jerry cans of 20 L), and most importantly training of 90 NRCS volunteers on WASH, hygiene and handwashing interventions. This preparedness has significant impact on stabilizing the outbreak as NRCS volunteers joined the social mobilisation team to educate the communities and distribute water purification sachets, water containers and ORS. They are also providing additional community education activities through soup kitchens and other food distribution interventions as part of the overall drought response.

Under the leadership of UN RC and OCHA, UNICEF is preparing emergency supplies for Cholera prevention and response including - Water Purification Sachets, ORS sachets, Water Containers (20 L collapsible Jerry Cans), Hand Washing Basins, Soap Bars and IEC materials in local language. In addition, UNICEF is working closely with the IEC Division of MoHSS to broadcast “The Cholera Story”, a four minute video through NBC for nationwide awareness raising and prevention of Cholera.

**UNICEF Programme Strategy**

UNICEF is supporting the Government of the Republic of Namibia (GRN)'s response plans in nutrition and WASH to improve access to safe water, improved hygiene practices, community identification and treatment of acute malnutrition and protection and support for breastfeeding and infant complementary feeding in difficult circumstances.

Priority interventions include:
- Community-based early detection of acute malnutrition (CMAM) amongst children 6-59 months and pregnant and lactating women, to ensure early referral to health services for treatment.
- Household nutrition assessment data collection system, which involves training volunteers to screen for and report on incidence of acute malnutrition amongst children 6-59 months of age
- Provision of micronutrient powder (MNP) for all children aged 6-59 months to prevent further deterioration of nutritional status and to complement Government's distribution of food parcels.
- Supporting access to clean water through household water treatment, promotion of hygiene and sanitation at the community level
- Installation of water tanks near schools to provide access to Government-trucked clean water
- Building the capacity of regional and district government bodies, NGOs, and CSOs in assessment of water and sanitation needs, immediate response, and reporting.
- Coordination with CO Angola to ensure exchange of cross-border information on trends, population movements and disease surveillance.

The urgency of the response allows scaling up and acceleration of several initiatives already under discussion or in early stages of implementation, including CMAM and Community Led Total Sanitation (CLTS). Working through line ministries and extending engagement with community structures gives stronger support to a sustainable approach and builds resiliency, as Namibia continues to face more limited rain shortfalls on a regular basis.

**UNICEF Action to Date**

UNICEF continues its technical and financial support to the Namibian Red Cross (NRCS), Directorate of Water Supply and Sanitation Coordination (DWSSC), Ministry of Health and Social Services (MoHSS) and DDRM on coordination, planning, implementation and monitoring of improving community and household access to safe water, sanitation, health and hygiene practices as well as prevention, early detection and referral of malnutrition problems among children and women. Due to urgency of Cholera Outbreak Response, UNICEF discussed with NRCS to relocate some supplies such as Water Purification Sachets, Water Containers, Water Tanks and other supplies to Opuwo from other regions.

**Food Security**

The food security conditions remain critical as the drought impacts continue to take its toll on vulnerable populations. The need for support for food relief continues.
Needs:
- Distribution of fortified cereal and protein rich food item/s to all affected areas
- Clear criteria for eligibility for food support in the affected regions is needed urgently

Response:
- In the month of September the GRN distributed 450,000 12.5kg bags of maize meal to 7 regions, while 4 regions received 109,000 12.5kg bags of maize meal.
- 43,000 metric tonnes of dried fish have been received at the National Operations Centre Warehouse and subsequently distributed to Khomas, Oshikoto, Omaheke, Otjozondjupa, Kavango and Zambezi regions.
- 392,332 tinned food items, including tinned fish and beef have been distributed
- A total of 28,462 kilograms of game meat was provided through hunting and has been distributed to 3 regions.
- Council of Churches in Namibia has received N$5,000,000 from GRN to operate soup kitchens, thus providing hot meals to the most vulnerable people in all regions of Namibia.
- Namibia Red Cross Society is operating soup kitchens in 4 regions; Kunene, Ohangwena, Oshikoto and Kavango. The soup kitchens are providing an average of 200 meals per day to the most vulnerable groups such as children, elderly and people living with HIV. NRCS is also providing additional maize meal and other supplies to Cholera affected families in Etanga area and some parts of Opuwo and Epupa Constituencies.
- Food distributions are also being conducted by Caritas Namibia, with 13,000 households receiving food, including beans, rice, oil and sugar during October with additional distributions planned.
- ACT Alliance-LWF have supported 5,589 people with cash transfers of NAD $100 (US$ 10) per beneficiary per month.

Gaps/constraints:
- Identifying, quantifying and targeting the most affected populations in need of food support continue to be a priority.
- Some of the children with severe malnutrition admitted to hospitals came from informal settlements and urban poor. Food distribution should cover all those affected.
- Logistics remain a major challenge in food distribution due to shortage of transport as well as human resources.
- Post food distribution monitoring and reporting remains a challenge.

Health and Nutrition

Needs:
- Ohangwena Region reported 465 cases of acute malnutrition amongst children under 5 years between January and November 2013.
- Also in Ohangwena, 60 and 167 cases of acute malnutrition were recorded for those aged 5-17 years and 18 years and above respectively.
- The majority of cases of acute malnutrition were recorded in Engela District.
- Continue support to the MoHSS to strengthen health facility nutrition surveillance for acute malnutrition trends and emerging micronutrient deficiencies.
- Continue support to Namibia Red Cross for active case finding for acute malnutrition in the community using health and community volunteers.
- Increase community awareness of and demand for nutrition services.
- Support to MoHSS for implementation of quality improvement activities for the Nutrition Assessment, Counselling Support (NACS) programme.

Response:
- UNICEF and WHO supported the GRN to implement Maternal, Child Health Week, which was carried out during the last week of November in 11 regions and during the first week of December in 3 remaining regions, whereby maternal, child health services were provided, including; Iron Folic Acid supplement distribution for pregnant and lactating women, catch-up immunization for children, detection of acute malnutrition using MUAC.
- A total of 340 Red Cross volunteers have been trained to carry out household screening for acute malnutrition, counseling in infant and young child feeding, and hygiene practices such as hand washing with soap.
- Household screening for acute malnutrition by Namibian Red Cross volunteers resulted in detection of 30 and 22 cases of moderate and severe acute malnutrition respectively, amongst...
children 6-59 months of age in Zambezi region for the month of October. All detected cases were referred to health facilities for nutrition assessment, care and support (NACS).

- UNICEF and NRCS conducted a field supervision visit to Kavango and Zambezi regions. Two soup kitchens were visited, whereby an average of 210 meals per day were served.
- MoHSS social workers are referring children discharged from health facilities after treatment for malnutrition to regional councils for follow-up food assistance.
- UNICEF is working closely with the IEC Division to review and revise IEC materials for Cholera prevention and response which will be translated into local languages.

Gaps/constraints:
- Delays in the collection, analysis and dissemination of data and information by the Ministry of Health and Social Services
- Nutrition and health surveillance needs to be strengthened
- Insufficient funds to implement essential nutrition activities
- Coordination mechanisms at all levels need to be strengthened in order to respond adequately.

Water and Sanitation

Needs:
- Water supply for livestock and human consumption remains a critical need and the challenge of meeting demand continue to be an issue.
- Livestock farmers in Kunene region are experiencing problems of water supply for livestock
- Etanga area is hardest hit by Cholera Outbreak between the last week of December and first few weeks of January 2014. Most clinics and health facilities in Opwuo and Epupa Constituencies did not have running water and functioning latrines during the Cholera Outbreak.

Response:
- Of the 329 boreholes targeted for drilling, 114 have been completed by GRN.
- 7 out of 240 targeted water point installations have been completed by GRN.
- 21 of the 28 boreholes have been rehabilitated and 5 of the 81 pipeline extensions carried out by GRN.
- UNICEF funded Hygiene kits were distributed in Epupa constituency in Kunene region.
- “Community Led Total Sanitation” (CLTS) training took place in Ohangwena region as a joint initiative between DWSSC, UNICEF and NRCS.
- On 16 January 2014, 30 MoHSS staff, Namibia Red Cross volunteers and others volunteers were trained in Opwo on prevention and response interventions for Cholera. The Story of Cholera video was shown to the participants as well.
- Deputy Director of DWSSC from MAWF visited Opwo between 13 and 17 January 2014 to ensure coordination between WASH and Health Sectors and increase access to safe and clean water through water trucking and installation of water tanks. The team also managed to train 16 staff members of MAWF and NRCS in triggering community led total sanitation (CLTS) approach and 15 villages with nearly 300 community members received sanitation and hygiene promotion messages.

Gaps/constraints:
- Due to limited capacity of MAWF and its contractors, the rate of borehole drilling, installation and rehabilitation of existing boreholes continue to be a challenge
- Due to the escalating drought, the water table in most areas is getting low, leading to depleted water supplies and high rates of dry wells.
- Coordination and information sharing remains an overall constraint to all sectors including WASH.
- There is a need to look at the local coping mechanisms on water stress. Identification of areas for new boreholes need to be consulted with local and traditional leaders
- Household water treatment and safe storage is one of the major interventions to stem this outbreak together with hand washing with soap approach. Need to provide more water purification sachets, hand washing basins, and soaps to the region.

Education

Needs:
After review by Ministry of Education and Ministry of health and Social Services staff, schools have opened as normal for the new school term, including Etanga Primary School, as the cholera outbreak was under control by then.

The School Feeding Programme continues however covers less than one-third of schools and there are increasing reports of significant delays in the distribution of maize meal to schools.

Mapping of schools affected but not currently covered by the school feeding programme

Response:

- UNICEF through Ministry of Education and NRCS is monitoring the WASH situation in schools.
- WFP is providing ongoing support to the MoE to improve management of the school feeding programme to ensure timely supply of meals to students. A monitoring tool has been developed with support from WFP for tracking supplies delivery and school attendance.
- As part of the broader government response to the drought, MoE has expanded the school feeding programme to include an additional 15,000 learners from secondary schools.

Gaps/constraints:

- No official ‘real-time’ data on student attendance.
- Less than one-third of schools across the country are currently on the school feeding programme.
- Lack of reliable information on schools most affected by the drought.
- Improved sanitation in schools was a pre-existing challenge (1 in 5 schools lack sanitation facilities, especially in the northern regions).

Protection

Needs:

- No reported protection issues to date however there are reports of increased cross border migration between Namibia and Angola that could have implications for child protection.
- UNICEF monitoring situation with UNFPA as sector lead.

Human Resources

Total # of Country Office staff pre-emergency: 35

Within this team, staff members have dedicated significant time to the initial assessment and response, with support from the UNICEF Regional Office. Additional support has been requested for Emergency Coordinator, Nutrition Coordinator, WASH Coordinator and 2 field-based WASH Officers.

The UNICEF Communications Officer, as chair of UN Communications Group, is representing the UN in the government’s Drought Emergency Information Dissemination Task Force.

Security

No security concerns at this stage.

Funding

| Funding Requirements (as included in ESAR chapter of HAC for period July 2013-March 2014) (US Dollars) |
|---|---|---|
| **Appeal Sector** | **Requirements** | **Funds received*** | **Funding gap** |
| | | **$** | **%** |
| Nutrition | 5,884,367 | | |
| Health | | | |
| WASH | 723,000 | | |
| Child Protection | | | |
| Gender Based Violence | | | |
| Education | | | |
| HIV/AIDS | | | |
| Programme Support | 451,968 | | |
| Cluster Coordination | 432,000 | | |
| **Total** | 7.4 million | 773,447 | 6,626,553 | 89.5% |

*‘Funds received’ does not include pledges*
Namibia Red Cross Society has entered into a partnership agreement with UNICEF Namibia Country Office for the value of US $570,000. This was possible due to re-programming of existing grants from the Government of Japan and UNICEF Canada. The objective of this partnership is to build NRCS capacity to plan, implement and monitor emergency WASH and nutrition interventions in Ohangwena, Omusati, Kunene and Kavango.

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<tr>
<th>Grants received to date:</th>
<th>Grant</th>
<th>Programmable</th>
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<tr>
<td>South Africa (Government)</td>
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<td>Canada (Government)</td>
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<td>United Kingdom (National Committee)</td>
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<td>Canada (National Committee)</td>
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**Next SitRep:** 3 March 2014

For further information, please contact

**Micaela Marques de Sousa**  
Representative  
UNICEF Namibia  
Tel: 264-61-2046111  
Email: mmarques@unicef.org  

**Marcus Betts**  
Deputy Representative  
UNICEF Namibia  
Tel: 264-61-2046111  
E-mail: mbetts@unicef.org