United Nations CERF Central Emergency Response Fund

RESIDENT/HUMANITARIAN COORDINATOR REPORT ON THE USE OF CERF FUNDS

19-RR-NAM-40495

NAMIBIA

RAPID RESPONSE

DROUGHT

2020

RESIDENT/HUMANITARIAN COORDINATOR	**SEN PANG**

REPORTING PROCESS AND CONSULTATION SUMMARY

a. Please indicate when the After-Action Review (AAR) was conducted and who participated.	18 November 2020

The AAR was conducted on 18 November 2020. Organisations that participated are as follows: UN RCO, WFP, UNICEF, FAO and UNFPA.

CERF recipient agencies conducted their After-Action Review (AAR) with implementing partners to discuss the overall CERF project results and impact and confirm beneficiaries. This AAR of 18 November 2020 served as the final project report validation meeting by all agencies. Below are the dates and the list of organisations that participated in the individual agencies AAR;

UNICEF

- AAR with the Ministry of Health and Social Services, Regional Health Directorates, community health workers, (including the 8 supported by CERF); Ministry of Home Affairs; Ministry of Gender Equality, Poverty Eradication and Social Welfare; Health Facility Staff, UNICEF, WHO, WFP, UNFPA was held on 7 August and 21-23 September 2020
- AAR with NGO implement partner Ombetja Yehinga Organisation was held on 3 November 2020
- AAR with the Permanent Task Force on Children and NPS was held on 5 November 2020.
- AAR with the Desert Research Foundation was held on 17 July and 19 October 2020.

FAO

The project AAR meeting was held in Tsumeb with stakeholders on 19th and 20th October 2020; the following institutions participated;

- Ministry of Agriculture, Water and Forestry Representatives from Central Government and from the Regional Offices (all 7 regions participating in the project were represented; Ohangwena, Omusati, Kunene, Erongo, Omaheke, Hardap and Kharas)
- Regional Council Representatives
- Representatives of Beneficiary Farmers from the different regions
- Namibia National Farmers Union Representative from Head Office in Windhoek and regional representatives.
- Namibia Emerging Commercial Farmers Union
- FAO

WFP

- Evaluative meeting was held from 21-23 September 2020. WFP, UNICEF, WHO, UNFPA Ministry of Home Affairs; Ministry of Gender Equality and Child Welfare, Ministry of Poverty Eradication and Social Welfare; Health Facility Staff attended the meeting.

UNFPA

- AAR was held on 10-14 October 2020 and the following institutions participated. Namibian Police, Office of the Prosecutor General, Ministry of Health and Social Services and Ministry of Gender Equality and Child Welfare.

b. Please confirm that the Resident Coordinator and/or Humanitarian Coordinator (RC/HC) Report on the use of CERF funds was discussed in the Humanitarian and/or UN Country Team.	Yes ☒	No ☐

The report was discussed at the UN Country Team following deliberations with the Emergency and Humanitarian Focal Points (EHFPs). To ensure the CERF project activities are well coordination, a sub-group of the EHFP was established. This sub-group solely focused on CERF project activities coordination.

c. Was the final version of the RC/HC Report shared for review with in-country stakeholders (i.e. the CERF recipient agencies and their implementing partners, cluster/sector coordinators and members and relevant government counterparts)?	Yes ☒	No ☐

The report was shared with the CERF recipient agencies for onward transmission to their implementing partners and relevant government counterparts. However, the CERF recipient agencies discussed the project results with partners as part of the Agency specific report compilation.

PART I

Strategic Statement by the Resident/Humanitarian Coordinator
The multi-sectoral approach adopted by the CERF fund recipient agencies facilitated the collaborative implementation of the life-savings interventions in the targeted regions. UNICEF and UNFPA multi-sectoral project focused on the most vulnerable in society; children under-five, a nutritionally vulnerable minority group, communities at risk of Hepatitis E infection, children with disabilities and children at risk of exploitation and abuse. Vulnerable women and girls of reproductive ages 10-49 were targeted for 6,000 dignity kits distributions in which pregnant and lactating mothers, vulnerable women and adolescent girls including those living with disability and HIV and AIDS were supported. The life-savings interventions of WFP focused on the fight against malnutrition in the Namibian community, specifically targeting children under 5 years old and pregnant and lactation women. This mitigated the further deterioration of malnutrition in Namibia. FAO life-savings interventions enabled 3,343 livestock dependent smallholder farming households to safe their core breeding herd, thereby maintaining their livelihoods amidst the drought emergency. Up to 148,910 small stock (goats and sheep) and 25,580 cattle received fresh green barley fodder produced through hydroponics.

1. OVERVIEW

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US$)	
a. TOTAL AMOUNT REQUIRED FOR THE HUMANITARIAN RESPONSE	**19,952,369**
FUNDING RECEIVED BY SOURCE	
CERF	3,000,029
Country-Based Pooled Fund (if applicable)	0
Other (bilateral/multilateral)	12,474,931
b. TOTAL FUNDING RECEIVED FOR THE HUMANITARIAN RESPONSE	**15,474,960**

TABLE 2: CERF EMERGENCY FUNDING BY PROJECT AND SECTOR (US$)			
Agency	**Project code**	**Cluster/Sector**	**Amount**
FAO	20-RR-FAO-002	Food Security - Agriculture (incl. livestock, fisheries and other agriculture-based livelihoods)	657,001
UNFPA	20-RR-FPA-002	Protection - Sexual and/or Gender-Based Violence	343,028
UNICEF	20-RR-CEF-002	Nutrition - Nutrition	1,065,000
UNICEF	20-RR-CEF-002	Water Sanitation Hygiene - Water, Sanitation and Hygiene	345,000
UNICEF	20-RR-CEF-002	Protection - Child Protection	90,000
WFP	20-RR-WFP-003	Nutrition - Nutrition	500,000
TOTAL			**3,000,029**

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US$)	
Total funds implemented directly by UN agencies including procurement of relief goods	**2,281,771**
Funds transferred to Government partners*	321,857
Funds transferred to International NGOs partners*	0
Funds transferred to National NGOs partners*	396,401
Funds transferred to Red Cross/Red Crescent partners*	0
Total funds transferred to implementing partners (IP)*	718,258
TOTAL	**3,000,029**

** These figures should match with totals in Annex 1.*

2. HUMANITARIAN CONTEXT AND NEEDS

The poor sporadic, erratic and delayed onset of the 2018/2019 rainfall season resulted in massive reductions in the 2019 crop harvest - the lowest in previous 5-year average. According to the latest preliminary IPC Acute Food Insecurity Analysis, November 2019, an estimated 429,274 people were in severe food insecurity phase (IPC Phase 3) between October 2019 and March 2020. In the analysis, the affected people were in eight of the 14 regions of the country – the eight regions are Hardap, Kavango East, Khomas, Kunene, Ohangwena, Omaheke, Omusati and Zambezi. The May 2019 vulnerability assessment conducted by Government Vulnerability Assessment Commission reported rapid food insecurity deterioration from 39 per cent food insecure persons in 2018 to 73 per cent food insure persons in 2019. Similarly, the severely food insecure people increased from 1.4 per cent in 2018 to 42 per cent in 2019 as a result of the drought conditions. Total cereal production country-wide decreased by 53% compared to the 2017-18 cropping season, according to the 2019 Crop Prospect Assessment completed by the Ministry of Agriculture. Based on the national cereal production balance sheets for 2018-19, Namibia was estimated to have a cereal deficit of 212,000 metric tons compared to 127,000 metric tons in the previous marketing year due to very low production.

Grazing conditions continued to deteriorate in all the fourteen regions of Namibia unlike previous years when crop failure and low grazing areas were confined to specific regions. This had a negative impact on food security and increasing the vulnerability of already food insecure persons. According to recent estimates from the Ministry of Agriculture, Water and Forestry (MAWF), over 59 000 livestock died due to drought. The prices of livestock due to poor body condition reduced by more than 40 per cent. To address the situation, it was thus imperative that farmers be assisted with important inputs particularly livestock farmers who needed supplementary fodder and veterinary medicine. Support to livestock farmers thus had an immediate impact as supporting crop farmers in a delayed growing season may not yield the desired impact.

As a result of the prolonged drought in Namibia, levels of Sexual and Gender-Based Violence increased with a breakdown in social and protective networks. According to an vulnerability assessment in the region including in other countries such as Mozambique by Care International in 2016, women and girls reported that walking for long distances to fetch water, firewood and food exposed them to increased risks of GBV especially SGBV as well as sexual exploitation by aid workers. Drought and the loss of livelihoods also increased negative coping strategies, especially by women, girls and young people, including risky sexual behavior, transactional sex, distress and mental health, separation of families and related migration risks induced by the drought. Women and girls particularly were at acute risks of injury, loss of dignity and untimely death. Short- and long-term consequences of violence on women's physical, sexual reproductive and mental health led to the need for swift humanitarian assistance in protection of rights and wellbeing of those affected.

The persistent drought overwhelmed national response capacities and compounded existing vulnerabilities. Basic social services were negatively affected, threatening even poorer survival and protection outcomes. The Namibia Demographic and Health Survey (NDHS) of 2013 indicated that 6% of children under 5 years were wasted (2% severely wasted). UNICEF-supported analysis of the 2015/16 Namibia Household Income and Expenditure Survey (NHIES) showed a deterioration in child nutritional status between 2013 to 2016, and emergency-level pockets of acute malnutrition, particularly among the Khoisan ethno-linguistic group where at 12%, the prevalence of wasting was three times higher than the national average. While the nutritionally vulnerable Khoisan communities are spread across the country, higher concentrations were found in four of the eight drought-stricken regions. With the proportion of food insecure individuals almost doubling between 2018 and 2019, it was expected that the proportion of children acutely malnourished would continue to escalate,

requiring timely screening and treatment at a larger scale in affected regions, against pressured domestic resources. Increased supplementary and therapeutic feeding were needed during this period to boost nutrition status and immunity of affected children.

These negative drought impacts were compounded by an ongoing Hepatitis E Virus (HEV) outbreak, which as of November 2019 affected 6,746 people with 56 deaths, 43% of which were maternal deaths. The link between HEV and drought is rather complex. Urban migration was accelerated by loss of livelihoods in rural areas, without corresponding improvements in water and sanitation facilities for urban informal settlements, the epicenter of the epidemic. Given that HEV spreads through the same route as cholera, and the HEV environment was becoming increasingly conducive to cholera, failure to contain drivers of the outbreak could have led to a cholera outbreak.

Lack of food and water in schools and deteriorating economic conditions at home reduced access to and participation in education and increased the risk of children to malnutrition, (sexual) exploitation, and family separation. The Education Ministry estimated that 198,000 adolescent girls were in need of support to ensure that their education is not disrupted. These school girls - and other children who dropped out-of-school even more so - were at serious risk of (sexual) exploitation, especially around major transit routes, such as the four Walvis Bay Corridors, transporting goods in trucks from the port in Walvis Bay to Angola, Zambia, Botswana and South Africa. Anecdotal evidence showed that children from drought-affected reaching were at increased risk of leaving their homes and consequently at risk of child sexual exploitation and gender-based violence.

An analysis conducted by WFP in 2019 demonstrated that there is a strong relationship between national poverty, food insecurity, antiretroviral therapy (ART) adherence, and HIV prevalence. Regions with HIV prevalence rates above the national average, namely Zambezi (28%), Oshana (20%), Ohangwena (20%), Kavango East and Kavango West (20%) were also characterised by very high food insecurity rates. For example, in the Zambezi region, 43% of the population was food insecure and ART adherence rates were very poor (28%). Food insecurity remained a critical barrier to adherence to antiretroviral treatment and retention in care among HIV and TB-infected adults, HIV-infected pregnant women and their HIV exposed infants. People living with HIV (PLHIV) or TB are particularly vulnerable to food insecurity and malnutrition.

In response to the crises, the Government of Namibia declared a state of emergency in May 2019 due to the poor rains and launched the Drought Response Plan that required nearly USD53 million to meet humanitarian needs – this excluded recovery and development needs. About US$20 million was made available from the Government's contingency funds, leaving a funding gap of US$32 million, for which the Government requested support from the international community in May 2019.

3. CONSIDERATION OF FOUR PRIORITY AREAS[1]

The CERF catalytic funds reinforced the UN's commitment to reach the most vulnerable people in the country that have been affected by the drought and require emergency life-saving support. The funds were mainly focusing on non-food items, including needs from the Water Sanitation and Hygiene, Nutrition, Education, Health, Protection and Food Security Sectors.

a. Women and girls, including gender-based violence, reproductive health and empowerment

The Prevention of Sexual Exploitation and Abuse was a priority in the programme. The programme increased access to survivor-centered GBV prevention and response services (including SRH and HIV services) in the affected regions, with a focus on linkages to comprehensive medical, psychosocial care and protection through the strengthening of the GBV referral system. Through the dissemination of Prevention of Sexual Exploitation and Abuse (PSEA), information and awareness-raising efforts were conducted among government, UN, civil society, aid workers, and other stakeholders to prevent SEA. The programme provided access to clinical management of rape survivors (CMR) services by equipping health facilities with medical commodities, protocols, and orientation of health care workers to treat survivors of sexual violence. 6,000 dignity kits were distributed to the most vulnerable women and girls, based on

[1] In January 2019, the Emergency Relief Coordinator identified four priority areas as often underfunded and lacking appropriate consideration and visibility when funding is allocated to humanitarian action. The ERC therefore recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. These areas are: (1) support for women and girls, including tackling gender-based violence, reproductive health and empowerment; (2) programmes targeting disabled people; (3) education in protracted crises; and (4) other aspects of protection. Please see the Questions and Answers on the ERC four priority areas here https://cerf.un.org/sites/default/files/resources/Priority_Areas_Q_A.pdf

their needs. The kits targeted women and girls of reproductive age, with special attention given to People Living with Disabilities and People Living with HIV/AIDS.

For UNFPA, prior to CERF Namibia only had the National protection referral network for GBV. Through CERF, the 6 targeted regions each now has a GBV referral pathway through consultation of service providers, communities and survivors of SGBV. Government has been experiencing stock out of medical commodities such as kits for rape treatment, HIV prevent, STIs, pregnancy and non-availability of basic hygiene items for adolescent girls and young women. These items are now available through CERF support.

b. Programmes targeting persons with disabilities

For UNFPA, CERF project increased visibility and the voices of people living with disabilities through interventions of awareness raising on SGBV, provision of dignity kits to women and girls; translation of GBV referral pathways into braille and translation of an audio-video into sign language. One of the interventions engaged the Deputy Minister for Disability Affairs and the National Disability Council that continued to advocate for persons living with disabilities as well as advocated for a responsive programme for people with disabilities.

c. Education in protracted crises

UNICEF aimed to reach at least 50% of all schools in the affected regions with prevention of sexual exploitation and abuse interventions, with a focus on the most at risk communities, reaching an estimated 100,000 children, their caregivers and community members, to strengthen awareness on the increased risk of school drop-out and sexual exploitation and abuse of out of school girls and boys. However, the extended closure of schools, travel restrictions and the suspension of mass gatherings due to the COVID19 pandemic greatly affected the implementation of the PSEA activities at schools.

d. Other aspects of protection

UNICEF multi-sectoral project focused on the protection of the most vulnerable in society; children under-five, a nutritionally vulnerable minority group, communities at risk of Hepatitis E infection, children with disabilities and children at risk of exploitation and abuse.

4. PRIORITIZATION PROCESS

FAO project was designed through consultation with the key co-implementing partners and line Ministry (MAWL) to address the needs of drought-affected agro-pastoralists in alignment with the Government's Drought Response Plan 2019/2020. Similarly, prior to, during and after the implementation, affected populations was consulted to ensure that intended impact is achieved. With CERF assistance, FAO aimed to restore and diversify livestock-based livelihoods of drought–affected agro-pastoral communities through innovative and sustainable fodder production approaches as well as provision of supplementary feeding and veterinary supplies targeting core breeding herds/flocks. Within the ambit of diversifying livelihoods and for resilience programming, the project intended to strengthen skills on chicken rearing as well as availing seed stock for a sustainable revolving ("breed and pass-on") chicken distribution program, with special focus on women and youth-headed households in the focal areas (Hardap, Kunene and Omaheke regions). Through the sustainable revolving chicken distribution program, the project aimed to capitalize on the chicken's prolificacy and resultant potential multiplier effect which could be harnessed to reach more beneficiaries with the limited funds (seed stock). Through fodder production and supplementary feeding, the project aimed to complement ongoing efforts by setting up fodder production sites (cultivated pastures and reserves) in strategic locations as well as to strengthen the capacity of farmer's associations/union (FAs) and MAWF (including systems) to effectively manage production sites, and subsidized supplementary feed distribution process. The Namibia National Farmer's Union (NNFU) and three (3) regional farmer's unions (viz. Hardap, Kunene and Omaheke) were expected to be capacitated and supported to roll out subsidized supplementary feed distribution, targeting 1,200 agro-pastoralists (approximately 400 in each region).

UNFPA project was designed in collaboration with the government, UN agencies, NGOs and other stakeholders in order to assure a multi-sectoral response and to reduce the likelihood of sexual exploitation and abuse in drought-affected communities. UNFPA is part of the Global Protection Cluster with gender based violence as its area of responsibility. UNFPA identified women and girls' special needs especially those with increased vulnerability as identified in age and gender marker category three (3). For UNFPA, vulnerable women and girls of reproductive ages 10-49 were targeted for 6,000 dignity kits distributions in which pregnant and lactating mothers, vulnerable

women and adolescent girls including those living with disability and HIV and AIDS were supported. UNFPA's targeted actions aimed at increasing access to rights, responsibilities and opportunities for 16,334 women, girls and boys.

Targeted communities for UNICEF project were represented in planning, implementation and monitoring of community-led interventions. Community Health Workers in Namibia are drawn from their communities for training and deployed in their communities, providing a bridge for a feedback loop between communities and the health system that were used to help engage communities in the decision-making and monitoring process. Equally in PSEA and child protection, implementing partners worked with community representatives to better understand, develop and monitor interventions. UNICEF multi-sectoral project focused on the most vulnerable in society; children under-five, a nutritionally vulnerable minority group, communities at risk of Hepatitis E infection, children with disabilities and children at risk of exploitation and abuse. This project also aimed to ensure that children who are systematically underserved and on the margins of society receive appropriate care and protection as per basic human rights tenets. Prioritized interventions were identified to reduce the risk of death and severe illness, while equipping service recipients with skills that continue to improve their outcomes beyond the emergency response period. The primary carers of children in Namibia are women, and 46% of households are headed by women. Girls are disproportionately more vulnerable to sexual exploitation and abuse, and the project protection interventions aimed to strengthen the care and support of girls (primarily). By specifically targeting caregivers of children with health promoting skills, the project intended to empower women to access better care and support for their children and to adopt life-saving practices in their homes. The project took an integrated approach to provision of life-saving services which ensure that children in targeted communities benefit from the synergistic outcomes of intervention efficiencies. Furthermore, by working collaboratively with other UN agencies through convergence, complementarity and referrals, and through Government-led interventions, the project was formulated to enable better coordination for efficient and effective implementation.

WFP project design and implementation approach was based on the inputs received from the National and regional health coordinators with inputs from field and based on the actual situation in the regions. Moreover, WFP's project design and implementation approach entails active consultations with the Government and direct feedback from the beneficiaries through the Beneficiaries Feedback Desk. During the drought inter-sector assessment missions (June 2019), the Nutrition sector was well represented through the participation of technical focal point for Nutrition, directly visiting, observing and listening to the situation on ground. WFP project aimed at saving lives in fighting malnutrition in the Namibian community, focusing on the children under 5 years old and pregnant and lactation women in Hardap, Kavango East, Khomas, Kunene, Ohangwena, Omaheke, Omusati and Zambezi. regions. WFP's intervention therefore targeted affected population ('very poor') in the most affected regions of the country aiming to mitigate any further deterioration by providing food assistance to a total of 379,000 beneficiaries (emergency food assistance to 74,000 beneficiaries in the two regions and food transfers to 305,000 beneficiaries in eight of the regions with the highest HIV prevalence and food insecurity to maintain and strengthen adherence to ART treatment during the drought period). As immediate response under the CERF, WFP focused its immediately support, primarily covering 5,650 children and 570 pregnant and lactating women with MAM in the 8 regions with higher level of malnutrition where levels of stunting are above 20%-45%. The project intended to provide food assistance for vulnerable households including orphans and vulnerable children, HIV-AIDS affected household, elderly and Persons with Disability. Under the CERF funding support, WFP aimed to procure 104.6 metric tons (MT) of Ready to use Supplementary Food (RUSF) to contribute to the prevention and reduction of undernutrition in affected populations given the worsening drought situation. Moderately acute malnourished children aged 06-59 months with Mid Upper Arm Circumference (MUAC) of ≥11.5- <12.5 cm were expected to be registered by health workers at the health centres level and assisted with specialized nutritious food (RUSF). Similarly, for the pregnant and lactating women with a MUAC of <21 cm.

5. CERF RESULTS

Through its Rapid Response window, CERF allocated US$3 million to Namibia for underfunded emergencies in the clusters/sectors of Food Security, SGBV Protection, Nutrition, WASH, and Child Protection. This funding enabled UN agencies, including FAO, UNFPA, UNICEF and WFP, and partners to provide food security support benefiting 3,343 livestock dependent smallholder farming households equating to approximately 14,709 people; awareness raising on GBV prevention and Response directly reaching 16,334 and indirectly reaching 408,695 people through social media, door to door engagements and community awareness raising sessions; nutritional screening of 148,320 children; referred 2,082 malnourished children for treatment; provided nutritional supplies and equipment to treat all children referred for malnutrition; provided 9,136 households with clean water; 29,786 people reached with Community Led Total Sanitation (CLTS); provided 135,142 children with vitamin A supplements; provided 756 people in 141 vulnerable households with food vouchers; implemented nationwide communication campaigns on handwashing and breastfeeding in the context of COVID-19; 157.29 MT of Ready to Use Supplementary Food (RUSF) for 1934 children under the age of five years and 164 pregnant and lactating women for the treatment of Moderate Acute malnutrition (MAM).

FAO and partners assisted 3,343 livestock dependent smallholder farming households equating to approximately 14,709 people in 7 targeted regions (Kharas, Hardap, Kunene, Ohangwena, Omaheke, Erongo and Omusati Regions) of Namibia to maintain their core breeding herds as a life-saving intervention for targeted farmers. 148,910 small stock (goats and sheep) and 25,580 cattle belonging to the beneficiaries received fresh green barley fodder produced hydroponically in 79 greenhouse structures setup at various selected sites in the targeted regions hardest hit by protracted drought conditions. The 3,343 direct beneficiaries received training in hydroponic fodder production and are in a position to produce from the structures for themselves. They also received basic training on administering the medicines and feeding the livestock from DAPEES staff who were in turn trained through the project by local hydroponic experts from NNFU.

UNPFA and partners raised awareness on GBV prevention and Response directly reaching 16,334 of which are 10,608 women above 18; 5,686 girls below 18 and 40 boys below 18 and indirectly reaching 408,695 people through social media, door to door engagements and community awareness raising sessions. UNFPA distributed dignity kits to 6,000 women and girls and messages on GBV and PSEA. Six (6) Gender Based Referral pathways were developed, interpreted and disseminated in partnership with civil society organizations, multisector line ministries. UNFPA strengthened the capacity of humanitarian frontline workers and government social workers to prevent and respond to GBV; 40 health care workers were trained on clinical management of rape and intimate partner violence hence facilitating more support to treatment of rape and injuries. CERF enhanced access to information on GBV and PSEA as well strengthened the capacities of 546 government and civil society service providers.

UNICEF and partners provided nutritional screening of 148,320 children; referred 2,082 malnourished children for treatment; provided nutritional supplies and equipment to treat all children referred for malnutrition; provided 9,136 households with clean water; 29,786 people reached with CLTS; provided 135,142 children with vitamin A supplements; provided 756 people in 141 vulnerable households with food vouchers; implemented nationwide communication campaigns on handwashing and breastfeeding in the context of COVID-19; contributed to the provision of PPE to protect health workers; reached 1,114 vulnerable community members in 66 vulnerable communities through community PSEA consultations; reached approximately 60,000 learners in 8 regions on PSEA through school-based interventions; reached approximately 50,000 adolescents through radio and TV messages and 10,000 through social media nationwide; and provided direct (material) support to 92 children identified to be at-risk and counselling services to 404 children through the helpline.

WFP and partners procured 157.29 MT of Ready to Use Supplementary Food (RUSF) for the treatment of Moderate Acute malnutrition (MAM). The Health Management Information System (HMIS) showed that 1,934 children under the age of five years and 164 pregnant and lactating women were moderately malnourished and received RUSF for treatment of MAM. Fifteen (15) Community Health workers (CHWs) received training on community Infant and Young Child feeding. A total of 300,000 nutrition educational materials on nutrition and COVID-19, Infant and Young Child Feeding, nutrition during pregnancy and breastfeeding were developed, printed in different local languages and distributed to the general public, health workers and community health workers.

6. PEOPLE REACHED

CERF directly assisted 374,487 people, including 17,904 men; 26,265 women; 158,511 boys; 171,807 girls; while the planned number of people was 267,146.

For FAO food security intervention, there is a discrepancy in the number of persons with disability reached as the design of the project in terms of beneficiary selection had criteria to be fulfilled first, being a fulltime farmer owning some number of livestock up to a prescribed maximum, before other criteria such as persons with disabilities or women could be looked at. This made it difficult to indiscriminately focus on these groupings, but all those who qualified to be beneficiaries were taken up.

For UNFPA SGBV protection intervention, during field engagements in primary school, it was important to provide awareness raising sessions with school boys, who was not originally targeted, on GBV referral pathways, and messages on non-violence. This was specifically conducted in Donkerbos primary school to promote non violence in school in Omaheke region.

For UNICEF child protection intervention, the extended closure of schools, travel restrictions and the suspension of mass gatherings due to COVID19 pandemic greatly affected the implementation of the PSEA component of the project. Consequently, the revised modality of implementation was in certain instances less targeted and thus estimated to have reached a more equal number of boys and girls than initially anticipated. The estimated number of persons being reached are: 60,000 learners through direct school-based interventions in 8 regions, 40,000 learners through print media in 8 regions, 2,000 listeners through local radio in Hardap region, approximately 10,000

adolescents through social media nationwide, and 150,000 persons – out of which an estimated 50,000 adolescents through national television. This brings the national estimated number of children reached to 160,000, estimated at 50-50% boys and girls.

For WFP nutrition intervention, there is a significant discrepancy between the number of beneficiaries that benefited from RUSF compared to the plan. This was mainly caused by prolonged procurement due to the high demand for RUSF in the southern African region and the enactment of COVID-19 restrictions. Distributions of RUSF to health facilities started in August, much later in the year. A total of 2,338 of boys and girls less than 18 years were identified with MAM. MoHSS nurses at health facilities and community health workers in the community continue to carry out nutrition assessment screening for children less than 18 years, pregnant and lactating women to identify malnutrition. Those identified with moderate acute malnutrition are treated with RUSF.

TABLE 4: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY CATEGORY[1]

Category	Number of people (Planned)	Number of people (Reached)
Host communities	0	0
Refugees	0	0
Returnees	0	0
Internally displaced persons	0	0
Other affected persons	267,146	374,487
Total	**267,146**	**374,487**

[1] *Best estimates of the number of people directly supported through CERF funding by category.*

TABLE 5: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY SEX AND AGE[2]

	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Planned	19,657	28,683	85,760	133,046	**267,146**
Reached	17,904	26,265	158,511	171,807	**374,487**

[2] *Best estimates of the number of people directly supported through CERF funding by sex and age (totals in tables 4 and 5 should be the same).*

TABLE 6: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (PERSONS WITH DISABILITIES)[3]

	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Planned (Out of the total targeted)	554	1,146	4,287	6,652	**12,639**
Reached (Out of the total reached)	414	581	3,971	4,405	**9,371**

[3] *Best estimates of the number of people with disabilities directly supported through CERF funding.*

TABLE 7a: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY SECTOR (PLANNED)[4]					
By Cluster/Sector (Planned)	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Food Security - Agriculture (incl. livestock, fisheries and other agriculture based livelihoods)	8,580	5,720	0	0	**14,300**
Nutrition - Nutrition	0	570	46,550	48,450	**95,570**
Protection - Child Protection	0	0	30,000	70,000	**100,000**
Protection - Sexual and/or Gender-Based Violence	0	9,980	0	4,696	**14,676**
Water Sanitation Hygiene - Water, Sanitation and Hygiene	11,077	12,413	9,210	9,900	**42,600**

TABLE 7b: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY SECTOR (REACHED)[4]					
By Cluster/Sector (Reached)	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Food Security - Agriculture (incl. livestock, fisheries and other agriculture based livelihoods)	8,822	5,887	0	0	**14,709**
Nutrition - Nutrition	0	164	71,619	78,875	**150,658**
Protection - Child Protection	0	0	80,000	80,000	**160,000**
Protection - Sexual and/or Gender-Based Violence	0	10,608	40	5,686	**16,334**
Water Sanitation Hygiene - Water, Sanitation and Hygiene	9,082	9,606	6,852	7,246	**32,786**

[4] *Best estimates of the number of people directly supported through CERF funding by sector.*

7. CERF'S ADDED VALUE

a) Did CERF funds lead to a <u>fast delivery of assistance</u> to people in need?

YES ☐ PARTIALLY ☒ NO ☐

Due to movement restrictions and lockdown in place because of the COVID-19 pandemic, delays in project implementation ensued and it was not possible to complete foreseen project activities by the original end date. Hence, a 3-month no-cost extension was requested from CERF and granted. COVID-19 induced logistics bottlenecks meant that a number of items could not be ordered in larger quantities as required and thus some deliveries of those items are still expected after the project end date with arrangements in place for UN agencies to oversee the process of getting these items to their destination and ensuring that activities continue as planned.

b) Did CERF funds help respond to <u>time-critical needs</u>?

YES ☒ PARTIALLY ☐ NO ☐

WFP's nutrition intervention was aimed at contributing to the continuum of care intended to reduce moderate acute malnutrition in populations affected by drought, specifically among children aged 6 to 59 months, pregnant and lactating women. At the start of the programme, there were delays in the procurement of Ready to Use Supplementary Food (RUSF) due to an overwhelming demand for RUSF in the region. This was compounded by limited movement of goods and services due to COVID-19 induced lockdowns in the Southern Region that resulted in a prolonged delay in moving the RUSF from South Africa to Namibia. Therefore, a no cost extension

was requested and approved by CERF governing body. Hence, 157.29 MT of RUSF was purchased and stored in a government owned storage the capital Windhoek. World Food Programme (WFP) delivered the first batch of RUST to designated health facilities across the regions based on distribution plans provided by the MoHSS. The provision of RUSF filled the critical gaps in treating moderate acute malnutrition (MAM) countrywide. So far, 1,934 children under 5 years and 164 pregnant and lactating women have received RUSF for the treatment of MAM.

c) Did CERF improve coordination amongst the humanitarian community?

YES ☒ PARTIALLY ☐ NO ☐

Within the ambit of the UN Delivering as One approach under the leadership of the RCO, and as guided by harmonized work plans and/or agreed upon joint implementation, and with due cognizance of the mandate of the organization, FAO undertook to coordinate activities under its mandate and for which FAO is the sector lead. In addition, FAO undertook to provide a supportive role in activities being implemented and/or co-implemented by other UN agencies to ensure that intended impact is achieved. UN agencies also improved coordination with existing coordination mechanisms for knowledge sharing, cross-sectoral management, and delivery of goods through logistical support for the response.

d) Did CERF funds help improve resource mobilization from other sources?

YES ☒ PARTIALLY ☐ NO ☐

UNICEF received an in-kind donation of vitamin A supplements and did not need to use CERF funds for this commodity. UNICEF allocated savings from vitamin A supplements to contracting an NGO for food voucher distribution. UNICEF spent less than originally planned on WASH and nutrition IEC materials because the EU-funded RightStart BCC supported development and dissemination of materials. UNICEF re-allocated savings to procurement of PPE to protect health workers from COVID-19. The Country Offices of UN agencies successfully mobilized emergency funds from HQ complement and built on the gains achieved through CERF funds.

e) If applicable, please highlight other ways in which CERF has added value to the humanitarian response

CERF project provided an opportunity for UN agencies to collaborate, find synergies and complement each other's efforts. The CERF funding provided UNFPA with an insight into the protection and humanitarian situation of communities in the affected communities. The coordination platform established for CERF project implementation was used to coordinate the development of the Country Preparedness and Response Plan (CPRP) for COVID 19. This platform meets every Thursday, to amongst other issues discuss interagency work on COVID 19 response.

8. LESSONS LEARNED

TABLE 8: OBSERVATIONS FOR THE CERF SECRETARIAT

Lessons learned	Suggestion for follow-up/improvement
The positive sharing working environment created by operating under the RCO gave good opportunities for agencies to collaborate more and also to be in the know of what other agencies are doing in the field, enhancing the delivering as one UN philosophy.	N/A
CERF secretariat flexibility in modifying interventions in response to changes on the ground (esp. those brought on by COVID-19)	N/A
Appreciate Namibia receiving CERF funding, despite its Upper-Middle Income status, and for CERF secretariat to acknowledge the high inequities existing in the country (second highest worldwide), and to allow CERF going to address the needs of the most vulnerable households and communities in the country.	N/A

Collaboration with other sister agencies is vital for implementation of activities. UNFPA and WFP partnered in delivery of Dignity kits to women and girls. This reduced logistical challenges and enhanced GBV risk mitigation as Dignity kits were provided with food parcels to the same target audience. Coordination and collaboration with government line ministries promotes ownership and support especially at sub-regional levels. UNFPA with support from Ministry of Health and Ministry of Gender led successfully implemented activities geared towards community e.g. Referral pathways development and validation processes, awareness raising on GBV and PSEA.	N/A

TABLE 9: OBSERVATIONS FOR COUNTRY TEAMS		
Lessons learned	**Suggestion for follow-up/improvement**	**Responsible entity**
Coordination and collaboration results in avoiding duplication and saving of resources i.e. interventions on PSEA between UNFPA and UNICEF. Coordination among agencies. UNFPA on Gender lens and WFP with identification of malnutrition interventions.	Maintain and expand collaboration and coordination in order to provide comprehensive assistance to affected communities.	All agencies
Alternative modalities of delivery of programmes were realised as a result of COVID-19 infection prevention and control regulations. COVID-19 provided an avenue for exploring other modes of reaching communities such as media, mobile outreach services and virtual training.	Mobilize more resources to reach those that are furthest behind especially with services on GBV and SRH.	All agencies
Collaboration with local actors is paramount for the success of interventions.	This needs to be strengthened at all phases of programming.	All agencies

PART II

9. PROJECT REPORTS

9.1. Project Report 20-RR-FAO-002 - FAO

1. Project Information			
1. Agency:	FAO	**2. Country:**	Namibia
3. Cluster/Sector:	Food Security - Agriculture (incl. livestock, fisheries and other agriculture-based livelihoods)	**4. Project Code (CERF):**	20-RR-FAO-002
5. Project Title:	Emergency livelihood support to drought-affected communities in Namibia		
6.a Original Start Date:	15/01/2020	**6.b Original End Date:**	14/07/2020
6.c No-cost Extension:	☐ No ☒ Yes	If yes, specify revised end date:	14/10/2020
6.d Were all activities concluded by the end date? (including NCE date)		☐ No ☐ Yes (if not, please explain in section 3)	

7. Funding		
	a. Total requirement for agency's sector response to current emergency:	US$ 10,000,000
	b. Total funding received for agency's sector response to current emergency:	US$ 657,001
	c. Amount received from CERF:	US$ 657,001
	d. Total CERF funds forwarded to implementing partners	**US$ 196,538**
	of which to:	
	Government Partners	US$ 0
	International NGOs	US$ 0
	National NGOs	US$ 196,538
	Red Cross/Crescent	US$ 0

2. Project Results Summary/Overall Performance

Through this CERF RR grant, FAO and partners assisted 3,343 livestock dependent smallholder farming households equating to approximately 14,709 people in 7 targeted regions (Kharas, Hardap, Kunene, Ohangwena, Omaheke, Erongo and Omusati Regions) of Namibia to maintain their core breeding herds as a life-saving intervention for targeted farmers. The project made a deliberate effort to reach women-headed households that own livestock, even though traditionally livestock is considered a male domain, and managed to assist a considerably high proportion (40%) of the total assisted households.

148,910 small stock (goats and sheep) and 25,580 cattle belonging to the beneficiaries received fresh green barley fodder produced hydroponically in 79 greenhouse structures setup at various selected sites in the targeted regions hardest hit by protracted drought conditions. In addition, all the livestock were also vaccinated against various important diseases and treated for internal and external parasites, as well as receiving multivitamin metabolic injections to boost their immune systems and overall health status.

The 3,343 direct beneficiaries received training in hydroponic fodder production and are in a position to produce from the structures for themselves. They also received basic training on administering the medicines and feeding the livestock from DAPEES staff who were in turn trained through the project by local hydroponic experts from NNFU.

3. Changes and Amendments

Due to movement restrictions and lockdown in place because of the COVID-19 pandemic, delays in project implementation ensued and it was not possible to complete foreseen project activities by the original end date. Hence, a 3-month no-cost extension was requested from CERF and granted. COVID-19 induced logistics bottlenecks meant that a number of items could not be ordered in larger quantities as required and thus some deliveries of those items are still expected after the project end date with arrangements in place for FAO to oversee the process of getting these items to their destination and ensuring that activities continue as planned at the production sites. Some redeployment of funds that did not exceed 15% of the Direct cost took place. The reprogramming was to respond to unplanned procurement of PPE as an emerging need to protect FAO and government ministry staff members from contracting/aiding the spread of COVID-19 whilst executing their duties. The funds reprogrammed were all realized savings from the procurement process after all budgeted items were procured as planned.

4.a Number of People Directly Assisted with CERF Funding (Planned)

Cluster/Sector	Food Security - Agriculture (incl. livestock, fisheries and other agriculture-based livelihoods)				
Planned	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Host communities	0	0	0	0	**0**
Refugees	0	0	0	0	**0**
Returnees	0	0	0	0	**0**
Internally displaced persons	0	0	0	0	**0**
Other affected persons	8,580	5,720	0	0	**14,300**
Total	**8,580**	**5,720**	**0**	**0**	**14,300**
Planned	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Persons with Disabilities (Out of the total number of "people planned")	429	286	0	0	**715**

4.b Number of People Directly Assisted with CERF Funding (Reached)

Cluster/Sector	Food Security - Agriculture (incl. livestock, fisheries and other agriculture-based livelihoods)				
Reached	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Host communities	0	0	0	0	**0**
Refugees	0	0	0	0	**0**
Returnees	0	0	0	0	**0**
Internally displaced persons	0	0	0	0	**0**
Other affected persons	8,822	5,887	0	0	**14,709**
Total	**8,822**	**5,887**	**0**	**0**	**14,709**
Reached	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Persons with Disabilities (Out of the total number of "people reached")	9	18	0	0	**27**

In case of significant discrepancy between figures under planned and reached people, either in the total	There is a discrepancy in the number of persons with disabilities reached as the design of the project in terms of beneficiary selection had criteria to be fulfilled first, being a fulltime farmer owning some number of livestock up to a prescribed maximum, before other criteria

numbers or the age, sex or category distribution, please describe reasons:	such as persons with disabilities or women could be looked at. This made it difficult to indiscriminately focus on these groupings, but all those who qualified to be beneficiaries were taken up.

4.c Persons Indirectly Targeted by the Project

With continued fodder production for the livestock of the beneficiaries from the hydroponic greenhouse structures erected on a daily basis, an opportunity to train more farmers and schoolchildren in the different areas beyond the beneficiaries themselves pre sented itself and is being utilised. It is expected that while the procured seeds are available more than double the number of planned trained people will be trained.

5. CERF Result Framework

Project Objective	The project aims to improve the food security situation of drought–affected agro-pastoral communities through restoring livestock-based livelihoods.

Output 1	Strategic and sustainable fodder production sites established and operational			
Sector	Food Security - Agriculture (incl. livestock, fisheries and other agriculture-based livelihoods)			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 1.1	Number of sites identified and earmarked for fodder production	34	79	Signed Handover Sheets
Indicator 1.2	Square metres (m3)/area under hydroponic fodder production	1,700	1,600	Technical drawing
Indicator 1.3	Number of farmers receiving supplementary feed	3,250	3,343	Beneficiary list
Explanation of output and indicators variance:		Indicator 1.1 shows a big variation because a new design of the hydroponic greenhouse structure that is efficient, mobile and smaller (explaining the variation in Indicator 1.2) turned out to be cheaper than the bulkier fixed structure, hence more structures could be fabricated.		

Activities	**Description**	**Implemented by**
Activity 1.1	Identification of appropriate sites, selection of beneficiaries and participatory consultation of beneficiary households	Regional Council, Traditional Authorities, NECFU and DAPEES
Activity 1.2	Establishment of hydroponic systems & feeding of livestock	NNFU and DAPEES
Activity 1.3	Monitoring and reporting	DAPEES, NNFU and FAO

Output 2	Veterinary supplies distributed to targeted beneficiaries			
Sector	Food Security - Agriculture (incl. livestock, fisheries and other agriculture-based livelihoods)			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 2.1	Quantity of veterinary supplies procured	9,750	16,441	Purchase Orders
Indicator 2.2	Number of beneficiaries of veterinary supplies	3,250	3,343	Beneficiary List
Indicator 2.3	Number of livestock treated (assuming an average herd size of 5 per beneficiary household)	16,250	148,910 small stock (goats and sheep) and 25,580 cattle	DAPEES Reports

Explanation of output and indicators variance:	The maximum number of animals one should have in order to qualify for drought relief as per MAWLR guidelines is 130 small stock or 26 cattle or a combination. These has meant that people with a bit more than the 5 average livestock targeted also formed part of the beneficiaries hence the high number of livestock treatments achieved. With the increased number of animals achieved as explained there was a need to increase the number of veterinary supplies procured which was made possible by savings in some budget lines (e.g. F. Transfers and Grants to Counterparts).	

Activities	**Description**	**Implemented by**
Activity 2.1	Procurement of veterinary supplies	FAO
Activity 2.2	Administering of veterinary medicines	Beneficiary Farmers, DVS, FAs and DAPEES
Activity 2.3	Monitoring and reporting	DAPEES and FAO

Output 3	Awareness raising and tailor-made trainings to beneficiaries on fodder production, feeding and animal health as espoused in Livestock Emergency Guidelines and Standards (LEGS)			
Sector	Food Security - Agriculture (incl. livestock, fisheries and other agriculture-based livelihoods)			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 3.1	Number of people trained	3,250	3,343	Attendance Registers
Explanation of output and indicators variance:		With more sites identified than originally planned there was more beneficiaries identified.		

Activities	**Description**	**Implemented by**
Activity 3.1	Conducting tailor-made trainings on fodder production, feeding and animal health	NNFU and DAPEES

6. Accountability to Affected People

6.a IASC AAP Commitment 2 – Participation and Partnership

How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?

At inception, the project team, comprising of the main partners being FAO, MAWLR, NECFU and NNFU, held a consultative workshop where the crisis-affected people had representation through the communal farmer's representatives, traditional authority representatives, regional council members from the respective regions of the targeted communities to ensure that their needs are taken into account in terms of fine-tuning the final design and implementation plan of the project. Various handover events were organised at which the community witnessed the handover of materials and informed of the objectives and progress of the project. These handover events were signified by the official handover of project materials such as the hydroponic greenhouse structures, veterinary drugs and supplies and bags pf barley seeds in the presence of local traditional authority leaderships, regional government leadership, local community members and the media. The main purpose was to highlight the CERF funded assistance to the general community from where the beneficiaries hail from.

Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?

Local level engagement through traditional authority set-ups and regional government mechanisms such as the respective regional councils ensured that all categories and groupings of the crisis-affected communities' voices were heard.

6.b IASC AAP Commitment 3 – Information, Feedback and Action

How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?

At inception, a consultative workshop was held, where the affected people from the various regions in the country had representation as well as the staff members from the Ministry of Agriculture who are the main persons in contact with the beneficiaries, whereby in depth information was provided on how the project will be run and the various partner organisations as well as CERF as the funding body's principles and mode of operation where outlined. In addition, all beneficiaries received direct training on all aspects of the project benefits and they were directly informed of the ethos of the organisation and the expected behaviour of the ministerial staff who will serve them. Various handover events were organised at which the community witnessed the handover of materials and informed of the objectives and progress of the project. Mainstreaming prevention of sexual exploitation and abuse (PSEA) interventions into project activities was attained by incorporating PSEA training at training events.

Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints. Yes ☒ No ☐

During implementation and monitoring of the project, a grievance mechanism was established with complaint boxes at DAPEES offices in the respective selected sites to ensure that the views of the target households are addressed and PSEA issues are also captured. No complaints were received through the complaint mechanism yet but the complaint boxes still remain in place at the various sites.

Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints. Yes ☐ No ☒

N/A

Any other comments (optional):

N/A

7. Cash and Voucher Assistance (CVA)

Did the project include Cash and Voucher Assistance (CVA)?

Planned	Achieved
No	No

8. Evaluation: Has this project been evaluated or is an evaluation pending?

No evaluation was planned as conditions on the ground surrounding the COVID-19 pandemic restrictions made it difficult to conduct such. However, whenever conditions allow information will be collated with the help of NNFU and MAWLR to document the impact of the project as activities continue especially fodder production from the structures, treatment of animals and training of other farmers on hydroponic fodder production beyond the initial selected direct beneficiaries. These data are expected to be available in 2 months after the project end date and will be submitted to CERF upon receipt from the implementing partners.

EVALUATION CARRIED OUT ☐

EVALUATION PENDING ☒

NO EVALUATION PLANNED ☐

9.2. Project Report 20-RR-FPA-002 - UNFPA

1. Project Information			
1. Agency:	UNFPA	**2. Country:**	Namibia
3. Cluster/Sector:	Protection - Sexual and/or Gender-Based Violence	**4. Project Code (CERF):**	20-RR-FPA-002
5. Project Title:	Ensuring Life-saving Gender-based Violence Assistance to Women and Girls in Drought-Affected Regions of Namibia		
6.a Original Start Date:	22/01/2020	**6.b Original End Date:**	20/07/2020
6.c No-cost Extension:	☐ No ☒ Yes	If yes, specify revised end date:	30/10/2020
6.d Were all activities concluded by the end date? (including NCE date)		☐ No ☒ Yes (if not, please explain in section 3)	

7. Funding		
	a. Total requirement for agency's sector response to current emergency:	US$ 500,000
	b. Total funding received for agency's sector response to current emergency:	US$ 580,858
	c. Amount received from CERF:	US$ 343,028
	d. Total CERF funds forwarded to implementing partners	**US$ 62,000**
	of which to:	
	Government Partners	US$ 6,988
	International NGOs	US$ 0
	National NGOs	US$ 55,012
	Red Cross/Crescent	US$ 0

2. Project Results Summary/Overall Performance

With support from the CERF Rapid Response grant, UNFPA and partners raised awareness on GBV prevention and Response directly reaching 16,334 and indirectly reaching 408,695 people through social media, door to door engagements and community awareness raising sessions.

The UNFPA distributed dignity kits to 6,000 women and girls and messages on GBV and PSEA. Six (6) Gender Based Referral pathways were developed, interpreted and disseminated in partnership with civil society organizations, multisector line ministries of Gender, Ministry of Health and Social Services, Ministry of Justice and Ministry of Safety and Security.

Through the CERF, UNFPA strengthened the capacity of humanitarian frontline workers and government social workers to prevent and respond to GBV; 40 health care workers were trained on clinical management of rape and intimate partner violence hence facilitating more support to treatment of rape and injuries.

The CERF enhanced access to information on GBV and PSEA as well strengthened the capacities of 546 government and civil society service providers.

3. Changes and Amendments

UNFPA requested for a three month No Cost Extension which was approved by CERF. This was due to the impact of COVID-19 on the global supply chain, re-occurrence of national/ regional lock down large gatherings, travel restrictions. Shipments were three segments based on availability of the kits items as well as air travel restrictions resulting in delays in clearance and distribution commodities which are currently in progress. UNFPA and partners achieved 53% of the target on achieving 200 community awareness raising sessions.

4.a Number of People Directly Assisted with CERF Funding (Planned)

Cluster/Sector	Protection - Sexual and/or Gender-Based Violence				
Planned	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Host communities	0	0	0	0	**0**
Refugees	0	0	0	0	**0**
Returnees	0	0	0	0	**0**
Internally displaced persons	0	0	0	0	**0**
Other affected persons	0	9,980	0	4,696	**14,676**
Total	**0**	**9,980**	**0**	**4,696**	**14,676**
Planned	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Persons with Disabilities (Out of the total number of "people planned")	0	497	0	234	**731**

4.b Number of People Directly Assisted with CERF Funding (Reached)

Cluster/Sector	Protection - Sexual and/or Gender-Based Violence				
Reached	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Host communities	0	0	0	0	**0**
Refugees	0	0	0	0	**0**
Returnees	0	0	0	0	**0**
Internally displaced persons	0	0	0	0	**0**
Other affected persons	0	10,608	40	5,686	**16,334**
Total	**0**	**10,608**	**40**	**5,686**	**16,334**
Reached	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Persons with Disabilities (Out of the total number of "people reached")	0	110	0	15	**125**

In case of significant discrepancy between figures under planned and reached people, either in the total numbers or the age, sex or category distribution, please describe reasons:	During field engagements in primary school, it was important to provide awareness raising sessions with schoolboys on GBV referral pathways, and messages on non-violence. This was specifically conducted in Donkerbos primary school to promote non-violence in school in Omaheke region.

4.c Persons Indirectly Targeted by the Project

408, 695 were indirectly reached by the project.

5. CERF Result Framework	
Project Objective	Ensuring Life-saving Gender-based Violence Assistance to Women and Young People in Drought-Affected Regions of Namibia

Output 1	Increased access to survivor-centered GBV prevention and response services, with a focus on linkages to comprehensive medical, psychosocial care and protection, through strengthening of the GBV referral system			
Sector	Protection - Sexual and/or Gender-Based Violence			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 1.1	Number of GBV Referral Pathways established and strengthened to provide safe, accessible survivor-centered life-saving services	6 (1 per region)	6	Final Regional GBV referral pathways, Activity reports of GBV referral pathway validation workshops, Participant attendance lists of Validation workshops
Indicator 1.2	Number of PSEA awareness information sessions conducted for government and civil society partners including community volunteers	12 (2 per region)	12	PSEA awareness session reports, Participant attendance records, Activity reports
Indicator 1.3	Number of community members, aid workers and volunteers reached with PSEA messages	240	332	Attendance records, Activity reports, Participant attendance records
Explanation of output and indicators variance:		The use of new initiatives during the covid19 pandemic such as online training and virtual meetings and orientation sessions supported the achievement indicator 1.3. 546 government and civil society partners were oriented on PSEA in twelve (12) sessions.		

Activities	**Description**	**Implemented by**
Activity 1.1	Reinforce GBV referral mechanisms in affected areas	UNFPA, REGAIN TRUST, SF
Activity 1.2	Coordinate with other sectors to ensure integrated assistance to GBV survivors	UNFPA, Ministry of Gender, Ministry of Health and Social Services, Ministry of Safety and Security through GBV Protection Unit
Activity 1.3	PSEA awareness information sessions	UNFPA

Output 2	Increased access to clinical management of rape survivors (CMR) services by equipping health facilities with medical commodities, protocols and orientation of health care workers to treat survivors of sexual violence			
Sector	Protection - Sexual and/or Gender-Based Violence			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 2.1	Proportion of reported rape survivors that benefitted from post-rape treatment within 72 hours after the incident	100%	100%	Reports from district and regional hospitals through Chief Medical officers
Indicator 2.2	Proportion of female survivors that have reported to the health facility within 120 hours to receive emergency contraceptive (EC) services	100%	87%	Reports from district and regional hospitals through Chief Medical Officers
Indicator 2.3	Number of service delivery points offering	6	6	GBV Protection Unit data

	CMR and SRH services (including one stop center, mobile/outreach facilities) in the six regions			on referral to services, CMR training report, CMR participants lists, SRH mobile outreach support visit reports
Explanation of output and indicators variance:		A total of 85 Rape cases were reported during the implementation period from all six (6) regions. 100% (85) of rape cases reported within 72 hours received post exposure prophylaxis whereas 87% (74) of reported case within 120 hours received emergency contraceptives. Eleven (11) of the reported incidents were out of the reproductive age category. Due to the COVID-19 pandemic, survivors were unable to report GBV incidents during the lockdown, and therefore were unable to access timely GBV services. This therefore means cases of rape and sexual violence were likely to be under reported as a result of covid19 lockdown restrictions.		

Activities	**Description**	**Implemented by**
Activity 2.1	Procure and distribute 87 Kits (including rape treatment kits) treatment) to health facilities and NGO partners as a component of MISP implementation	UNFPA
Activity 2.2	Conduct orientation on rational use of RH Kits inclusive of Rape treatment kit by the health care providers	UNFPA
Activity 2.3	Strengthen capacity of GBV in health frontline partners on Psychosocial First Aid (PFA), Caring for Child Survivors, and Clinical Management of Rape Survivors	UNFPA

Output 3	Distribution of 6,000 dignity kits to the most vulnerable women and girls, based on their needs. The kits will target women and girls of reproductive age, with special attention giving to People Living with Disabilities and People Living with HIV/AIDS			
Sector	Protection - Sexual and/or Gender-Based Violence			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 3.1	Number of women and girls who receive dignity kits, disaggregated by age and disability status	6,000	6,000	Dignity Kits Distribution reports, Success stories, distribution lists
Indicator 3.2	Number of persons living with disabilities who receive dignity kits	731	125	Dignity kits distribution lists
Indicator 3.3	Number of persons living with HIV/AIDS who receive dignity kits	300	300	Dignity kits distribution lists
Explanation of output and indicators variance:		Due to the coronavirus pandemic, it was difficult to access all persons living with disabilities. UNFPA worked with regional coordinators for persons living with disability in a bid to reach all targeted women and girls in hard to reach areas.		

Activities	**Description**	**Implemented by**
Activity 3.1	Procurement of 6,000 dignity kits	UNFPA
Activity 3.2	Distribution of 6,000 dignity kits	UNFPA, Ministry of Gender, Ministry of Health and Social Services

Output 4	200 Community Awareness Raising sessions on the prevention, mitigation and treatment of GBV through health extension workers and community policing volunteers (Women & Men Network) to ensure that all survivors of GBV know how to seek care at health facilities and are linked to psychosocial support (PSS) and protection services

Sector	Protection - Sexual and/or Gender-Based Violence			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 4.1	Number of women and girls reached with GBV awareness raising messages, availability of GBV lifesaving services	50,000	408,695	Partner community dialogue reports, school engagement reports, Social media platforms - #tags, Media, newspapers (https://www.namibian.com.na/200959/archive-read/Pombili-On-GBV-Enough-Is-Enough), media broadcast catchment area data, UNFPA Namibia website (https://namibia.unfpa.org/en/news/well-known-mc-and-tv-host-turns-her-efforts-towards-addressing-gbv)
Indicator 4.2	Number of community awareness raising sessions conducted in targeted regions targeting 250 participants per session.	200	106	Regional community awareness reports
Explanation of output and indicators variance:		Due to the COVID19 pandemic, the Government of the Republic of Namibia issued guidelines governing public gatherings during the different government lockdown phases. This affected number of public gatherings conducted during the covid19 pandemic and the number of people targeted in regions per session and therefore the drop in Indicator 4.2. During media broadcasts, on social media, and radio talk shows; numbers of women and men were not disaggregated however general data on media broadcast catchment area has been utilized.		

Activities	Description	Implemented by
Activity 4.1	Awareness raising activities conducted on availability of GBV lifesaving services, Prevention and response activities i.e. door to door awareness, radio talk shows, social media and community awareness activities	NAPPA, Regain Trust
Activity 4.2	Mobilization and training of community outreach workers on GBV, referral mechanisms	UNFPA, Regain Trust, NAPPA

6. Accountability to Affected People

6.a IASC AAP Commitment 2 – Participation and Partnership

How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?

Needs assessments were conducted in partnership with the Office of the Prime minister in drought affected regions in which key outcomes were responding to protection concerns of the drought affected communities. UNFPA conducted a drought impact assessment in Kunene, Kavango, Omaheke, Ohangwena, Omusati and Zambezi regions. The data was collected through both quantitative and qualitative methods. The quantitative component involved a stratified three stage cluster sample design to get at the target population of (15 –49) women while the qualitative component utilized key informants (KI) and Focus Group Discussions (FGD). In the qualitative component, the KIs and the FGDs were selected from the identified institutions (health, police, psychosocial, justice) and the community. Quantitative data was collected using structured questions whereas qualitative used semi structured questions. Findings indicate that women and girls were exposed to risks as a result of drought. In the Omusati region, GBV incidences gradually increased from March to July as recorded by the Gender Based Violence Protection Units at the Ministry of Safety and Security.

Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?

With support from the central government and regional line ministries i.e. Ministry of Gender, Ministry of Health and Social Services, Ministry of Youth and Ministry of safety and security, communities were engaged in the response. Women and girls were able to speak out on needs, and preferences in programming. During focus group discussions with adult women in Drimiopsis, Kalahari constituency in Omaheke region, women spelt out the need for male engagement programs to help support men and boys in the communities to change citing intimate partner violence as very common amongst the San households.

6.b IASC AAP Commitment 3 – Information, Feedback and Action

How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?

At the onset of the emergency, UNFPA partnered with the Office of the Prime Minister of the Republic of Namibia; in delivering programs during the drought response.
UNFPA through the Ministry of Gender, Ministry of Health and Social Services, Ministry of Safety and Security provided key messages over media broadcast for communities in affected regions, and PSEA sessions with government and civil society organizations. UNFPA in partnership with NAPPA and Regain Trust were able to provide key messaging on PSEA on social media and mass media i.e. radio, television talk shows.
Engagement with communities was conducted through awareness raising sessions, training of community leaders, community health volunteers, and community social workers were conducted on key principles on GBV and PSEA. Activities such as door to door awareness raising activities with key messages on PSEA enabled households understand how organisation staff are expected to behave.

Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints. Yes ☒ No ☐

In partnership with the Ministry of Health and Social Services and LifeLine ChildLine to receive services through the established national and regional toll-free numbers. No cases of SEA were reported during the implementation phase.

Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints. Yes ☒ No ☐

In collaboration with UNICEF and WFP, UNFPA supported the development of PSEA messages.
A total of 8,000 PSEA booklets were developed with contact details for assistance with Toll free Helpline 106 and 116.
Work on PSEA has led to plans to develop and implement PSEA mechanisms with the UN, national and international partners in 2021.

Any other comments (optional):

N/A

7. Cash and Voucher Assistance (CVA)

Did the project include Cash and Voucher Assistance (CVA)?

Planned	Achieved
No	No

8. Evaluation: Has this project been evaluated or is an evaluation pending?

UNFPA did not plan for an evaluation of the project. No dedicated budget provision was made for an individual/ joint CERF evaluation in the proposal. In 2021, UNFPA will carry out a mid-term review of its current Country Programme of which CERF funded interventions will be part of.	EVALUATION CARRIED OUT ☐
	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☒

9.3. Project Report 20-RR-CEF-002 - UNICEF

1. Project Information			
1. Agency:	UNICEF	**2. Country:**	Namibia
3. Cluster/Sector:	Nutrition - Nutrition Water Sanitation Hygiene - Water, Sanitation and Hygiene Protection - Child Protection	**4. Project Code (CERF):**	20-RR-CEF-002
5. Project Title:	Safeguarding children from the impact on a prolonged drought: UNICEF Namibia		
6.a Original Start Date:	15/01/2020	**6.b Original End Date:**	14/07/2020
6.c No-cost Extension:	☐ No ☒ Yes	If yes, specify revised end date:	14/10/2020
6.d Were all activities concluded by the end date? (including NCE date)		☐ No ☒ Yes (if not, please explain in section 3)	

7. Funding		
	a. Total requirement for agency's sector response to current emergency:	US$ 3,152,369
	b. Total funding received for agency's sector response to current emergency:	US$ 2,297,563
	c. Amount received from CERF:	US$ 1,500,000
	d. Total CERF funds forwarded to implementing partners	**US$ 459,719**
	of which to:	
	Government Partners	US$ 314,869
	International NGOs	US$ 0
	National NGOs	US$ 144,850
	Red Cross/Crescent	US$ 0

2. Project Results Summary/Overall Performance

Through this CERF Rapid Response grant, UNICEF and its partners provided nutritional screening of 148,320 children; referred 2,082 malnourished children for treatment; provided nutritional supplies and equipment to treat all children referred for malnutrition; provided 9,136 households with clean water; 29,786 people reached with Community Led Total Sanitation (CLTS); provided 135,142 children with vitamin A supplements; provided 756 people in 141 vulnerable households with food vouchers; implemented nationwide communication campaigns on handwashing and breastfeeding in the context of COVID-19; contributed to the provision of Personal Protective Equipment (PPE) to protect health workers; reached 1,114 vulnerable community members in 66 vulnerable communities through community PSEA consultations; reached approximately 60,000 learners in 8 regions on PSEA through school-based interventions; reached approximately 50,000 adolescents through radio and TV messages and 10,000 through social media nationwide; and provided direct (material) support to 92 children identified to be at-risk and counselling services to 404 children through the helpline.

The project helped to prevent an increase in mortality related to malnutrition. UNICEF supported implementation of national interventions (management of acute malnutrition, vitamin A supplementation). The regional coordination mechanisms and national helpline accelerated preventative and response services to children at risk of and victims of sexual exploitation and abuse through social workers, teachers, community health workers and community lay counsellors.

3. Changes and Amendments

The CERF Secretariat approved a 3-month no-cost extension, extending the Project to the 14th October 2020.
As described below, the CERF Secretariat approved several Project modifications to respond to the COVID-19 pandemic.

Activities 1.1, 2.1, and 2.2:
Procurement of lipid-based nutrient supplements for supplementation of children in ECD centres shifted to supporting food vouchers for vulnerable households in marginalized communities to respond to closure of ECD centres.
UNICEF received an in-kind donation of vitamin A supplements and did not need to use CERF funds for this commodity. There was a large reduction in the number of length/height boards procured because the MoHSS changed their request for this commodity after determining height boards were already in-stock. UNICEF allocated savings from vitamin A supplements and length/height boards to contracting an NGO for food voucher distribution.

Activities 1.4, 1.5, and 3.3:
UNICEF spent less than originally planned on WASH and nutrition IEC materials because the EU-funded RightStart BCC supported development and dissemination of materials. UNICEF re-allocated savings to procurement of PPE to protect health workers from COVID-19.
Due to COVID-19 related social distancing requirements and travel restrictions, support to nutrition sentinel surveillance shifted from training to secondary analysis of the health information system, which did not require budget. COVID-19 also led to lower spending on joint monitoring. UNICEF re-allocated budget to procurement of PPE, an UN-led socio-economic analysis of the COVID-19 outbreak in Namibia, and radio broadcast of COVID-19 messages.

Activities 3.1, and 3.4:
There was savings from the procurement of water treatment tablets. The savings was transferred to Development Workshop Namibia (DWN) a civil society organization to support the COVID-19 response activities in Erongo region. The funds were specifically used to promote hand hygiene and the provision of hand washing facilities (tippy taps) and other COVID-19 preventative measures in high risk communities. This adjustment was necessitated by a high rate of local transmission of COVID-19 cases and deaths in the region.

Activity 4.2:
Due to COVID-19 restrictions, interventions partially shifted from locally performed behaviour change communication interventions to the use of mass and social media, ICT and print. Furthermore, the extended closing of schools resulted in delayed direct interventions with learners.

4.a Number of People Directly Assisted with CERF Funding (Planned)

Cluster/Sector	Nutrition - Nutrition				
Planned	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Host communities	0	0	0	0	**0**
Refugees	0	0	0	0	**0**
Returnees	0	0	0	0	**0**
Internally displaced persons	0	0	0	0	**0**
Other affected persons	0	0	46,550	48,450	**95,000**
Total	**0**	**0**	**46,550**	**48,450**	**95,000**
Planned	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Persons with Disabilities (Out of the total number of "people planned")	0	0	2,327	2,423	**4,750**

4.b Number of People Directly Assisted with CERF Funding (Reached)					
Cluster/Sector	Nutrition - Nutrition				
Reached	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Host communities	0	0	0	0	**0**
Refugees	0	0	0	0	**0**
Returnees	0	0	0	0	**0**
Internally displaced persons	0	0	0	0	**0**
Other affected persons	0	0	70,636	77,684	**148,320**
Total	**0**	**0**	**70,636**	**77,684**	**148,320**
Reached	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Persons with Disabilities (Out of the total number of "people reached")	0	0	3,532	3,884	**7,416**

4.a Number of People Directly Assisted with CERF Funding (Planned)					
Cluster/Sector	Water Sanitation Hygiene - Water, Sanitation and Hygiene				
Planned	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Host communities	0	0	0	0	**0**
Refugees	0	0	0	0	**0**
Returnees	0	0	0	0	**0**
Internally displaced persons	0	0	0	0	**0**
Other affected persons	11,077	12,413	9,210	9,900	**42,600**
Total	**11,077**	**12,413**	**9,210**	**9,900**	**42,600**
Planned	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Persons with Disabilities (Out of the total number of "people planned")	554	621	460	495	**2,130**

4.b Number of People Directly Assisted with CERF Funding (Reached)					
Cluster/Sector	Water Sanitation Hygiene - Water, Sanitation and Hygiene				
Reached	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Host communities	0	0	0	0	**0**
Refugees	0	0	0	0	**0**
Returnees	0	0	0	0	**0**
Internally displaced persons	0	0	0	0	**0**
Other affected persons	9,082	9,606	6,852	7,246	**32,786**
Total	**9,082**	**9,606**	**6,852**	**7,246**	**32,786**
Reached	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**

Persons with Disabilities (Out of the total number of "people reached")	405	441	374	420	**1,640**

4.a Number of People Directly Assisted with CERF Funding (Planned)					
Cluster/Sector	Protection - Child Protection				
Planned	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Host communities	0	0	0	0	**0**
Refugees	0	0	0	0	**0**
Returnees	0	0	0	0	**0**
Internally displaced persons	0	0	0	0	**0**
Other affected persons	0	0	30,000	70,000	**100,000**
Total	**0**	**0**	**30,000**	**70,000**	**100,000**
Planned	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Persons with Disabilities (Out of the total number of "people planned")	0	0	1,500	3,500	**5,000**

4.b Number of People Directly Assisted with CERF Funding (Reached)					
Cluster/Sector	Protection - Child Protection				
Reached	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Host communities	0	0	0	0	**0**
Refugees	0	0	0	0	**0**
Returnees	0	0	0	0	**0**
Internally displaced persons	0	0	0	0	**0**
Other affected persons	0	0	80,000	80,000	**160,000**
Total	**0**	**0**	**80,000**	**80,000**	**160,000**
Reached	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Persons with Disabilities (Out of the total number of "people reached")	0	0	15	11	**26**

In case of significant discrepancy between figures under planned and reached people, either in the total numbers or the age, sex or category distribution, please describe reasons:	**Child Protection** The extended closure of schools, travel restrictions and the suspension of mass gatherings due to COVID19 pandemic greatly affected the implementation of the PSEA component of the project. Consequently, the revised modality of implementation was in certain instances less targeted and thus estimated to have reached a more equal number of boys and girls than initially anticipated. The estimated number of persons being reached are: 60,000 learners through direct school-based interventions in 8 regions, 40,000 learners through print media in 8 regions, 2,000 listeners through local radio in Hardap region, approximately 10,000 adolescents through social media nationwide, and 150,000 persons – out of which an estimated 50,000 adolescents through national television. This brings the national estimated number of children reached to 160,000, estimated at 50-50% boys and girls.

	WASH While not represented in figures reported here (which are specific to activities carried out by MAWLR), integration of hygiene promotion into the COVID-19 Risk Communication and Community Engagement response and the RightStart Campaign made sure that key WASH messages reached households across the country via radio and TV spots, text messaging, newscasts and social media. It is estimated that these fora reached at least 1.6 million unique individuals with messages on handwashing. Messages on breastfeeding were also delivered through these channels.

4.c Persons Indirectly Targeted by the Project

The CERF funded drought response platforms for health & nutrition and WASH messages were complemented by incorporation of key messages into the on-going RightStart campaign for Early Childhood Development and into communication from the COVID-19 Risk Communication and Community Engagement Pillar. TV spots, radio spots, and newscasts on handwashing and breastfeeding were repeatedly aired during primetime, reaching an estimated 800,000 people. Messages on breastfeeding and handwashing were also delivered through text messages and social media, a medium estimated to reach 700,000 people in Namibia.

To mobilize community participation and support continuous implementation in targeted regions, Community Health Workers in the eight regions were monitored to facilitate expansion of service delivery during and beyond the drought response period. 1,126 Community Health Workers indirectly benefited by receiving supervision and mentoring; and through expansion of service delivery to the hard to reach communities as delivery platforms for nutritional screening and service delivery, including hand hygiene promotion and education at household and community platforms such as schools and ECD centres.

Given the high density in targeted urban informal settlements, a spill-over effect of sanitation activities was expected to reach an additional 500,000 residents, but it was not possible to quantify the actual dissemination of knowledge/behaviour in the scope of this Project.

5. CERF Result Framework

Project Objective	Reduce drought-induced negative impact on nutrition, health and protection outcomes for children and their families

Output 1	Number of under-fives screened for acute malnutrition and linked to treatment increased by 50%			
Sector	Nutrition - Nutrition			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 1.1	Number of under-fives screened for acute malnutrition	95,000	148,320	DHIS-2 NACS (8 regions)
Indicator 1.2	Number of children enrolled/referred for acute malnutrition treatment	1,000	2,082	DHIS-2 NACS (8 regions)
Indicator 1.3	Percent of children screened for acute malnutrition who also receive Vitamin A supplementation	90% (85,500)	91% (135,142)	DHIS-2 EPI (8 regions)
Explanation of output and indicators variance:		COVID-19 caused a shift in strategy for malnutrition screening and vitamin A supplementation. Implementing Partners (IPs) did not encourage mass gatherings as originally planned, and instead relied on providing services at fixed outreach points and at more locations so that social distancing requirements could be observed. The outreach alone screened 76,653 children and supplemented 58,950 children with vitamin A in the 8 regions. An additional 71,667 were screened at health facilities in the supported regions, bringing the total screened to 148,320. Of the 2,082 under-fives enrolled for treatment, 890 were referred from facility-based screening while 1,192 were		

	referred from outreach services. The change in outreach modality did not prevent the IP from reaching targets, partially because demand for facility-based services remained strong despite loss of livelihoods and COVID-19 restrictions. The quality of the screening was kept adequate through monitoring and mentorship of community health workers.	
Activities	**Description**	**Implemented by**
Activity 1.1	Procure nutritional supplies/commodities/materials & equipment	UNICEF
Activity 1.2	Monitoring support and mentorship of Community Health Workers	Regional Health Directorates
Activity 1.3	Conduct accelerated nutrition outreach services in the 8 regions	Regional Health Directorates
Activity 1.4	Revise, print and disseminate IEC materials for the promotion of maternal nutrition and IYCF practices in affected regions	UNICEF and MoHSS
Activity 1.5	Operationalize Nutrition Sentinel Surveillance Sites to monitor impact of drought and response interventions in affected regions	UNICEF and MoHSS

Output 2	Highly vulnerable children in Khoisan communities reached with supplementary feeding			
Sector	Nutrition - Nutrition			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 2.1	Number of children reached with supplementary feeding in Khoisan communities	740	756 people, including 150 children	DRFN Report
Explanation of output and indicators variance:		The closure of ECD centres due to COVID-19 resulted in a shift from supplementary feeding at centres to provision of food vouchers to vulnerable households with children who attended ECD Centres when they were open. The intervention reached 756 people, which is higher than the initial target of 740, but the initial target was for children. Of the 756 people reached, 150 were children under eight years of age.		
Activities	**Description**		**Implemented by**	
Activity 2.1	Procure lipid nutrition supplements		Desert Research Foundation Namibia (shifted to food vouchers in place of supplements)	
Activity 2.2	Procure and provide supplementary feeding to selected ECD centres in vulnerable Khoisan communities		Desert Research Foundation Namibia	

Output 3	Number of people with knowledge and skills for improved practices in Water, Sanitation and Hygiene in affected regions increased			
Sector	Water Sanitation Hygiene - Water, Sanitation and Hygiene			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 3.1	Number of people reached with key WASH messages to reduce vulnerabilities to drought and prevent the spread of infectious diseases	42,600	32,786	Programme reports: Ministry of Agriculture, Water and Land Reform and Development workshop Namibia

Indicator 3.2	Number of households provided with water treatment tablets	4,000	9,136	Regional Health Directorate Outreach Reports
Explanation of output and indicators variance:		Indicator 3.1. The confirmation of the first COVID-19 cases and the subsequent increase in local transmission necessitated the shifting of funds from this activity to procurement of lifesaving PPE for health care workers. While not represented in figures reported here by MAWLR, integration of hygiene promotion into the COVID-19 response and the RightStart Campaign made sure that key WASH messages reached households across the country. The Risk Communication and Community Engagement Pillar, under the National COVID-19 Task Force, developed and disseminated hygiene promotion messages; and TV and radio spots on hygiene promotion were broadcast under RightStart. Indicator 3.2. The water treatment intervention aimed to reach 4,000 households for a period of 6 months. However, due to COVID-19 response the government embarked on a water supply programme i.e. water trucking to off pipe communities and repair of water points. This allowed for the increase in the number of households reached.		

Activities	**Description**	**Implemented by**
Activity 3.1	Procurement of water treatment tablets	UNICEF
Activity 3.2	Distribution of water treatment tablets	Regional Health Directorates
Activity 3.3	Development of IEC materials and community dialogues to inform platforms for key messages	This activity was amended. Funds channelled to COVID-19 response.
Activity 3.4	Triggering and follow-up support to triggered communities	Ministry of Agriculture, Water and Land Reform
Activity 3.5	Community mobilization and support for improved WASH practices	Ministry of Agriculture, Water and Land Reform and Development Workshop Namibia

Output 4	Children at risk of (sexual) exploitation and abuse are identified and supported in a timely manner			
Sector	Protection - Child Protection			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 4.1	Number of children reached with prevention of sexual exploitation and abuse interventions	100,000	160,000	Programme reports from partners
Indicator 4.2	Percentage of children identified as at risk or in need of special protection, provided with emergency support, such as protective measures, counselling and social assistance	60%	100%	Programme reports from partners
Explanation of output and indicators variance:		Indicator 4.1: The extended closure of schools, travel restrictions and the suspension of mass gatherings due to COVID19 pandemic greatly affected the implementation of the PSEA component of the project. We partially moved activities from face-to-face direct engagements with children at risk to ICT, print and mass and social media interventions with a wider – yet less intense - reach. The revised modality of implementation was in certain instances less targeted and thus estimated to have reached a more equal number of boys and girls than initially anticipated. The estimated number of persons being reached are: 60,000 learners through direct school-based interventions in 8 regions, 40,000 learners through print media in 8 regions, 2,000 listeners through local radio in Hardap region, approximately 10,000 adolescents		

	through social media nationwide, and 150,000 persons – out of which an estimated 50,000 adolescents through national tv. This brings the national estimated number of children reached to 160,000, equally representing 50-50% boys and girls. Indicator 4.2: Due to strengthened collaboration within the regional coordination mechanisms and the implementing NGOs, all cases reported through this project were able to be supported with emergency services (92 children with direct and 404 children with telephone counselling through the helpline).	
Activities	**Description**	**Implemented by**
Activity 4.1	Strengthen coordination by local multidisciplinary task forces for improved monitoring and reporting (including effective referral and case management) and capacity of local service providers in affected regions to prevent and respond to child (sexual) exploitation and abuse, by training key coordinators, case managers and local service providers, including educators and community health workers.	LifeLine ChildLine, Regional School Health Task Forces (through Ministry of Education, Arts and Culture), Namibian Partnership Solutions
Activity 4.2	Raise awareness in high risk communities on the prevention of sexual exploitation and abuse of boys and girls (Behaviour Change Communication elements in particular around transit areas and areas with high levels of (sexual) exploitation - targeting potential perpetrators as well as communities at risk around these areas.)	OYO, LifeLine ChildLine, Namibian Partnership Solutions
Activity 4.3	Provide emergency support, such as protective measures, counselling and social assistance, to children identified as at risk of (sexual) exploitation and abuse	Namibian Partnerships Solutions, Ministry of Gender Equality, Poverty Eradication and Social Welfare, LifeLine ChildLine

6. Accountability to Affected People

6.a IASC AAP Commitment 2 – Participation and Partnership

How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?

Targeted communities were represented in planning, implementation and monitoring of community-led total sanitation through the constituency taskforces. By nature, CLTS is community driven, with trained community members triggering other communities' members for action and supporting them to build and use toilets.

Community Health Workers in Namibia are drawn from their communities for training and deployed in their communities. In this Project, CHWs were involved in the design, implementation and monitoring of outreach activities that provided nutrition and health services to their communities.

Community members were consulted in the design of nutrition and WASH IEC materials through focus group discussions to ensure the appropriateness and effectiveness of the materials.

Recipients of food vouchers, all of whom are from a marginalized group, were involved in design and implementation through community engagement by the implementing NGO. The IP conducted community dialogue meetings at the design stage. At implementation stage, the IP worked with Community Health Extension workers to conduct 3 community participatory meetings at ECD centres.

Community consultations were conducted with the affected population with respect to Age, Gender and Diversity in all 8 regions. These consultations greatly informed the design and roll-out of the regional SEA activities particularly on risk mitigation by identifying high risk areas and preferred reporting mechanisms of SEA in the regions. Regional school health taskforces were involved to monitor the PSEA

activities the teachers implement upon reopening of the schools.

Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?

UNICEF utilized existing local and national mechanisms to engage communities in response, including CLTS Constituency Task Forces, Community Health Workers, Community lay counsellors, School Health Task Forces, and national hotlines for PSEA and COVID-19.

6.b IASC AAP Commitment 3 – Information, Feedback and Action

How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?

UNICEF provided information on the organization to Implementing Partners, including Regional Health Directorates and CSOs, through orientation and training on prevention of sexual exploitation and abuse. UNICEF trained CSOs implement PSEA within their organizations. UNICEF supported the CSOs to develop a code of conduct, to nominate a focal person for PSEA, to train all staff, and to establish an internal reporting mechanism and strategy for supporting survivors.

Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints. Yes ☒ No ☐

UNICEF supported the recruitment of additional counsellors to and the training of counsellors at the existing national child helpline to address complaints of sexual exploitation and abuse (Lifeline/Childline). All children calling the helpline received telephonic or in-person counselling, and were referred to additional services if and when required.

Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints. Yes ☒ No ☐

UNICEF supported strengthening of Lifeline/Childline, a phone-based hotline designed specifically for reporting sexual exploitation and abuse. UNICEF trained hotline staff and provided staff with an orientation on PSEA during the COVID-19 pandemic.
UNICEF trained COVID-19 hotline staff to refer SEA-related calls to Lifeline/Childline and local Gender Based Violence Units.

Any other comments (optional):

N/A

7. Cash and Voucher Assistance (CVA)

7.a Did the project include Cash and Voucher Assistance (CVA)?

Planned	Achieved
No	Yes, CVA is a component of the CERF project

7.b Please specify below the parameters of the CVA modality/ies used. If more than one modality was used in the project, please complete separate rows for each modality. Please indicate the estimated **value of cash** that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs).

CVA Modality	Value of cash (US$)	a. Objective	b. Cluster/Sector	c. Conditionality	d. Restriction
Voucher	US$ ~60/month	Sector-specific	Food Security - Food Assistance	Unconditional	Restricted

Supplementary information (optional):

Food vouchers replaced supplementary feeding after ECD centres closed due to COVID-19.

The NGO Desert Research Foundation Namibia (DRFN) implemented the cash transfer activity. DRFN provided food vouchers in the form of a pre-paid supermarket voucher (card), and the food assistance was accompanied by growth monitoring and nutrition counselling. DRFN collaborated with community health workers to provide the accompanying services. UNICEF and DRFN opted for a food voucher modality because local supermarkets had an existing voucher system, and because it enabled an assessment of the types of food and items marginalized households purchase when given the choice; which is information that will be used for 'emergency preparedness' planning. This was also seen as important in diversifying approaches to the implementation, thus enhancing context specific intervention. A total of 756 people benefited from the food vouchers, which were distributed to households with a total of 150 targeted children.

8. Evaluation: Has this project been evaluated or is an evaluation pending?	
While a Project evaluation was not planned, UNICEF did carry out several assessments to identify lessons for improved emergency preparedness and response. UNICEF and the Family Health Division of MoHSS convened a series of virtual meetings with regional health directorates at the end of the Project to assess implementation; and UNICEF and DRFN analysed purchases made with food vouchers to inform food assistance in emergency response. The key findings from this analytical work were: Multi-sectoral (Health and Social Services; Home Affairs; Gender Equality, Poverty Eradication and Social Welfare) integrated service delivery through outreach is feasible; and it is an effective strategy to both deliver services during an emergency and increase resilience by connecting vulnerable households to existing social assistance schemes and child protection services. Community health workers are the "backbone of the health system," but their ability to strengthen community resiliency and respond to emergencies can be improved through establishment of a robust supervision system and by giving community health workers a larger role in service delivery. Marginalized communities are the most likely to not have identification documents and to not be enrolled in social assistance programmes. In addition, the food aid targeted specifically to marginalized communities was not consistently received in 2020, putting children in these households at risk of malnutrition. Results from the assessment of food voucher purchases is still pending.	EVALUATION CARRIED OUT ☐ EVALUATION PENDING ☐ NO EVALUATION PLANNED ☒

9.4. Project Report 20-RR-WFP-003 - WFP

1. Project Information			
1. Agency:	WFP	**2. Country:**	Namibia
3. Cluster/Sector:	Nutrition - Nutrition	**4. Project Code (CERF):**	20-RR-WFP-003
5. Project Title:	NUTRITION RAPID RESPONSE PROJECT		
6.a Original Start Date:	15/01/2020	**6.b Original End Date:**	14/07/2020
6.c No-cost Extension:	☐ No ☒ Yes	If yes, specify revised end date:	14/10/2020
6.d Were all activities concluded by the end date? (including NCE date)		☐ No ☐ Yes (if not, please explain in section 3)	

7. Funding		
	a. Total requirement for agency's sector response to current emergency:	US$ 6 300 000
	b. Total funding received for agency's sector response to current emergency:	US$ 12 400 000
	c. Amount received from CERF:	US$ 500,000
	d. Total CERF funds forwarded to implementing partners	**US$ 0**
	of which to:	
	Government Partners	US$ 0
	International NGOs	US$ 0
	National NGOs	US$ 0
	Red Cross/Crescent	US$ 0

2. Project Results Summary/Overall Performance

Through this CERF Rapid Response grant, 157.29MT of Ready to Use Supplementary Food (RUSF) was procured for the treatment of Moderate Acute malnutrition (MAM). The Health Management Information System (HMIS) showed that 1,934 children under the age of five years and 164 pregnant and lactating women were moderately malnourished and received RUSF for treatment of MAM. Fifteen (15) Community Health workers (CHWs) received training on community Infant and Young Child feeding. A total of 300,000 nutrition educational materials on nutrition and COVID-19, Infant and Young Child Feeding, nutrition during pregnancy and breastfeeding were developed, printed in different local languages and distributed to the general public, health workers and community health workers.

WFP, working in close collaboration with MoHSS, distributed the first round of RUSF to health facilities (35 hospitals and 295 health facilities) across the country. The remaining quantities of RUST are stored at regional government warehouses awaiting transhipment to designated health facilities. WFP provided support to MoHSS on logistics, warehousing and supply chain management of RUSF. Nutrition monitoring visits to the regions were carried out by healthcare workers from the national level. The monitoring visits were aimed at observing the management of nutrition programmes, outpatient management of MAM, technical support, mentorship to health workers on nutrition reporting, nutrition assessment and prescription of Ready-to-Use Supplementary Food (RUSF).

3. Changes and Amendments

WFP's nutrition intervention was aimed at contributing to the continuum of care intended to reduce moderate acute malnutrition in populations affected by drought, specifically among children aged 6 to 59 months, pregnant and lactating women. At the start of the programme, there were delays in the procurement of Ready to Use Supplementary Food (RUSF) due to an overwhelming demand for RUSF in the region. This was compounded by limited movement of goods and services due to COVID-19 induced lockdowns in the Southern Region that resulted in a prolonged delay in moving the RUSF from South Africa to Namibia. Therefore, a no cost extension was requested for to extend the project to 14 October 2020 and this was approved by CERF governing body. Hence, 157.29 MT of RUSF was purchased and stored in a government owned storage the capital Windhoek. World Food Programme (WFP) delivered the first batch of RUST to designated health facilities across the regions based on distribution plans provided by the MoHSS. The provision of RUSF filled the critical gaps in treating moderate acute malnutrition (MAM) countrywide. So far, data from the Health Management Information System (HMIS) indicates that 1,934 children under 5 years and 164 pregnant and lactating women have received RUSF for the treatment of MAM.

There were also further delays in the training of community health workers because of restrictions on the number of people permitted at public gatherings. The training did eventually take place towards the end of the project and targeted community health workers only. Nurses were not trained during this period as they were on the front-line fighting COVID-19 and providing health services. Similarly, monitoring visits to the regions occurred later than planned because of COVID-19 imposed travel restrictions.

4.a Number of People Directly Assisted with CERF Funding (Planned)

Cluster/Sector	Nutrition - Nutrition				
Planned	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Host communities	0	0	0	0	**0**
Refugees	0	0	0	0	**0**
Returnees	0	0	0	0	**0**
Internally displaced persons	0	0	0	0	**0**
Other affected persons	0	570	2,670	2,980	**6,220**
Total	**0**	**570**	**2,670**	**2,980**	**6,220**
Planned	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Persons with Disabilities (Out of the total number of "people planned")	0	28	133	149	**310**

4.b Number of People Directly Assisted with CERF Funding (Reached)

Cluster/Sector	Nutrition - Nutrition				
Reached	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Host communities	0	0	0	0	**0**
Refugees	0	0	0	0	**0**
Returnees	0	0	0	0	**0**
Internally displaced persons	0	0	0	0	**0**
Other affected persons	0	164	983	1,191	**2,338**
Total	**0**	**164**	**983**	**1,191**	**2,338**
Reached	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Persons with Disabilities (Out of the total number of "people reached")	0	12	50	75	**137**

In case of significant discrepancy between figures under planned and reached people, either in the total numbers or the age, sex or category distribution, please describe reasons:	There is a significant discrepancy between the number of beneficiaries that benefited from RUSF compared to the plan. This was mainly caused by prolonged procurement due to the high demand for RUSF in the southern African region and the enactment of COVID-19 restrictions. Distributions of RUSF to health facilities started in August, much later in the year. A total of 2,338 of boys and girls less than 18 years were identified with MAM. MoHSS nurses at health facilities and community health workers in the community continue to carry out nutrition assessment screening for children less than 18 years, pregnant and lactating women to identify malnutrition. Those identified with moderate acute malnutrition are treated with RUSF. The nutrition assessment screening is a continuous process, and this will enable under-fives to be identified with MAM and treated with RUSF during the programme.

4.c Persons Indirectly Targeted by the Project

Other persons who are indirectly targeted by the project are moderately malnourished ART patients and TB patients.

5. CERF Result Framework

Project Objective	To attain sufficient nutrient requirements for Namibian children under 5, pregnant and lactating women throughout their life cycle for optimal health and productivity and promote nutrition sensitive measures

Output 1	Improved quality and frequencies of complementary or supplementary feeding for infants and young children			
Sector	Nutrition - Nutrition			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 1.1	Number of infants and young children under 5 receiving Ready to Use Supplementary Food for treatment of MAM	5,650	1,934	HMIS (Health Management Information System, MoHSS)
Explanation of output and indicators variance:		This intervention aimed to reach 5,650 children under 5 years but has so far benefited 1,934 children under 5 years with RUSF. The delivery and distribution of RUSF started in August due to the effects of COVID-19 that resulted in country lockdowns and had a direct effect on logistics and supply chain. All targeted health facilities received a first-round of RUSF with the balance still stored at regional government managed warehouses from where food will be transhipped to designated health facilities. The MoHSS will continue to deliver these stocks of RUSF progressively as the screening of communities and health facilities intensifies.		

Activities	**Description**	**Implemented by**
Activity 1.1	Identify infants and young children and ensure equitable access to optimal feeding.	MoHSS
Activity 1.2	Procure Ready to Use Supplementary Food for treatment of Moderate Acute Malnutrition (MAM) for children under 5	WFP
Activity 1.3	Distribute Ready to Use Supplementary Food for treatment of Moderate Acute Malnutrition (MAM) for children under 5	WFP and MoHSS

Output 2	Health and Nutrition services to treat Acute malnourished children under five years are operational and supported in the nearest health facility.

Sector	Nutrition - Nutrition			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 2.1	% of health facilities provided with capacity and nutrition commodities (micronutrient supplementations) for treatment of acute malnutrition among children under 5 years	75%	90%	Central Medical Stores (CMS)
Indicator 2.2	Number of health workers and community volunteers trained and with capability to manage moderate and acute malnutrition in health facilities and at community level. (NACS, IYCF)	250 nurses and community health workers	15	MoHSS
Explanation of output and indicators variance:		Targeted health facilities received the first round of RUSF for the treatment of Moderate Acute Malnutrition (MAM). Face to face training workshops for community health workers (CHWs) took place with a limited number of 15 CHWs (6% of the initial target) because of COVID-19 protocol that restricted large public gatherings. Nurses were not trained as they were at the front-line fighting COVID-19.		

Activities	**Description**	**Implemented by**
Activity 2.1	Scale up high quality health and nutrition services to detect and treat the occurrence of acute malnutrition among children under 5 years	MoHSS
Activity 2.2	Train health workers to enhance the institutional and operational capacity to manage moderate and severe acute malnutrition within health facilities and communities (NACS-Nutrition assessment counselling& support, IYCF- Infant and young child feeding)	MoHSS and WFP

Output 3	Optimal maternal nutrition promoted, and nutrition messages developed for pregnant and lactating women			
Sector	Nutrition - Nutrition			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 3.1	Nutrition key messages developed and disseminated to address underweight and encourage healthy weight gain among pregnant women.	3 types	3 types	MoHSS
Indicator 3.2	Number of pregnant and lactating women provided with nutrition treatment	570	143	HMIS
Explanation of output and indicators variance:		Key nutrition messages were developed and disseminated to address underweight and to encourage healthy weight gain among pregnant women. There was a big difference between the targeted number of pregnant and lactating women provided with RUSF as part of nutrition treatment compared to the numbers achieved. The delay in procurement of RUSF mentioned earlier resulted in delays in implementation of the programme and hence affected the number of beneficiaries served. However, the coverage will improve as the government continues to mobilize, assess and enrol MAM cases. RUSF will greatly improve treatment outcomes and promptly increased nutrition status screening and classification of moderate acute malnutrition among pregnant and lactating women.		

Activities	Description	Implemented by
Activity 3.1	Promote healthy weight gain and adequate nutrition during pregnancy through Antenatal services/messages.	MoHSS
Activity 3.2	Provide pregnant and lactating mothers are with nutrition treatment	MoHSS

6. Accountability to Affected People

6.a IASC AAP Commitment 2 – Participation and Partnership

How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?

The programme intervention was integrated in existing structures and systems of the government's public health infrastructure. This entailed the involvement of community health workers in grassroot mobilization and assessments to identify and enrol cases of MAM for treatment. Identified cases of MAM received counselling and nutrition education talks by community health workers and nurses at the various health facilities.

At the regional and central level, the MoHSS and WFP carried out routine monitoring and provided training to nurses at the health facility level, while at the grassroots, monitoring is undertaken by community health workers and nurses. The relationship between the MoHSS and the clients was key and central to enhance communication, education, transparency and ensuring that health workers had the right attitude and behaviour towards work. All clients regardless of their gender were given nutrition education talks on malnutrition, causes of malnutrition, types of malnutrition and criteria for inclusion on the programme if found to have moderate acute malnutrition. All these activities were carried out before nutritional status screening. Nurses and community health workers then carried out screening on all clients using nutrition assessment tools and then classified clients for malnutrition or no malnutrition based on findings. Vulnerable children under 5 years, pregnant and lactating women were particularly targeted, counselled and enrolled for treatment of MAM for a specified time period before discharge.

Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?

Support from already existing mechanisms within the Ministry of Health and Social Services (MoHSS) and the local authorities at both local, regional and national level were involved in the response. The needs of the people and their targeting thereof are based on the findings of nutrition assessments and feedback from the community health workers. The project therefore relied on an existing system /mechanism that the MoHSS uses to deliver similar/related services. Local authorities belong to the community health committees and through this platform contribute to the implementation of the programme. This platform is also used for community sensitization through the local leadership hence enabling beneficiaries of the programme to express their support and empowerment in the programme.

6.b IASC AAP Commitment 3 – Information, Feedback and Action

How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?

MoHSS health staff, provided affected people with relevant information about the organization, it's principles and how it expects its staff to behave through client interactions at health facilities or during health education sessions. The programme objectives were explained to the beneficiaries and their roles clearly spelt out. The MoHSS health workers communicated relevant information to the clients about what moderate Acute Malnutrition (MAM) was, RUSF treatment protocols, who was entitled to RUSF and why.

Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints. Yes ☒ No ☐

MoHSS has already existing compliant mechanisms in place that clients could utilize within the programme. Health facilities have suggestion boxes where complaints are gathered. Additionally, at health clinics/centres clients raised their complaints to the nurse in charge, at district level complaints are be raised to the Primary Health Care (PHC) supervisor and at regional level to the Regional Director. Additionally, the MoHSS Patient Charter, 2016 is aimed at informing and empowering individuals, families and communities to

actively look after their own health and to influence the quality of healthcare in Namibia. Furthermore, if clients felt that their complaint/s were not adequately addressed, they can pitch their complaint to a higher office through the services of an ombudsman or present their case before the health professions council for swift action. So far, there have been no complaints from all health facilities regarding the RUSF prescription to clients.

Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints. Yes ☒ No ☐

WFP conducted a training on the Prevention of Sexual Exploitation and Abuse (PSEA), this targeted WFP field staff and Government workers. The training was intended to ensure accountability to affected populations. The training raised awareness on how the programme embedded the zero-tolerance approach towards PSEA. It further provided details on how affected populations can report/seek support should they face any issues in relation to SEA (as well as other aspects of the programme).
Furthermore, health practitioners are registered under the Health Professions Council of Namibia for them to carry out medical practices in the country. If a health practitioner is found guilty of any sexual misconduct or behaves in a manner detrimental to the public or professional interest, they are charged with the offense/s by the laws that govern the country and then prosecuted and deregistered from the Health Professions Council of Namibia. This is to ensure the protection of the dignity and safety of the clients.
During the implementation of the project, there was no PSEA case recorded and therefore no key measures taken to address SEA related complaints.

Any other comments (optional):

N/A

7. Cash and Voucher Assistance (CVA)

Did the project include Cash and Voucher Assistance (CVA)?

Planned	Achieved
No	No

8. Evaluation: Has this project been evaluated or is an evaluation pending?

No evaluation was carried out or pending because of COVID-19 restrictions that limited movement around the country for such an activity to be undertaken.	EVALUATION CARRIED OUT ☐
	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☒

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	CERF Sector	Agency	Implementing Partner Type	Total Funds Transferred to Implementing Partners in USD
20-RR-FPA-002	Gender-Based Violence	UNFPA	GOV	$6,988
20-RR-FPA-002	Gender-Based Violence	UNFPA	NNGO	$10,000
20-RR-FPA-002	Gender-Based Violence	UNFPA	NNGO	$45,012
20-RR-CEF-002	Nutrition	UNICEF	GOV	$29,887
20-RR-CEF-002	Nutrition	UNICEF	NNGO	$38,333
20-RR-CEF-002	Water, Sanitation and Hygiene	UNICEF	NNGO	$29,759
20-RR-CEF-002	Nutrition	UNICEF	GOV	$33,459
20-RR-CEF-002	Nutrition	UNICEF	GOV	$33,483
20-RR-CEF-002	Nutrition	UNICEF	GOV	$29,083
20-RR-CEF-002	Water, Sanitation and Hygiene	UNICEF	GOV	$61,175
20-RR-CEF-002	Nutrition	UNICEF	GOV	$26,937
20-RR-CEF-002	Nutrition	UNICEF	GOV	$32,805
20-RR-CEF-002	Nutrition	UNICEF	GOV	$30,649
20-RR-CEF-002	Nutrition	UNICEF	GOV	$12,099
20-RR-CEF-002	Nutrition	UNICEF	GOV	$25,292
20-RR-CEF-002	Child Protection	UNICEF	NNGO	$19,212
20-RR-CEF-002	Child Protection	UNICEF	NNGO	$10,242
20-RR-CEF-002	Child Protection	UNICEF	NNGO	$5,312
20-RR-CEF-002	Child Protection	UNICEF	NNGO	$41,992
20-RR-FAO-002	Agriculture	FAO	NNGO	$196,539

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

CHWs	Community Health Workers
CLTS	Community Led Total Sanitation
CMS	Central Medical Stores
DAPEES	Directorate of Animal Production, Extension and Engineering Services
DRFN	Desert Research Foundation Namibia
DVS	Directorate of Veterinary Services
EC	Emergency Pills
ECD	Early Childhood Development
FAs	Farmer's Associations
FAO	Food and Agriculture Organization of the United Nations
GBA	Gender Based Violence
HEV	Hepatitis E Virus
IPs	Implementing Partners
IPC	Integrated Food Security Phase Classification
MAM	Moderate Acute Malnutrition
MAWLR	Ministry of Agriculture, Water and Land Reform
MoHSS	Ministry of Health and Social Services
NAPPA	Namibia Planned Parenthood Association
NDHS	Namibia Demographic and Health Survey
NECFU	Namibia Emerging Commercial Farmers' Union
NHIES	Namibia Household Income and Expenditure Survey
NNFU	Namibia National Farmer's Union
PEP	Post Exposure Prophylaxis
PHC	Primary Health Care
PLHIV	People Living with HIV
PPE	Personal Protective Equipment
PSEA	Prevention of Sexual Exploitation and Abuse
RCO	United Nations Resident Coordinator Office
RUSF	Ready to Use Supplementary Food
SGBA	Sexual and Gender Based Violence
UN	United Nations
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WASH	Water, Hygiene and Sanitation
WFP	World Food Programme of the United Nations
WHO	World Health Organization of the United Nations