

**ANNUAL REPORT OF
THE HUMANITARIAN / RESIDENT COORDINATOR
ON THE USE OF CERF GRANTS**

Country	Namibia
Humanitarian / Resident Coordinator	Simon R. Nhongo
Reporting Period	1 March - 31 December 2007

I. Executive Summary

After peaking at 23,000 people in 2002, the refugee population in Osire camp in Namibia decreased significantly as the result of efforts to return Angolans to their homes from 2003 to 2005. Nevertheless, over 4,000 Angolans did not choose this option; at the same time, the camp continued to receive a small number of refugees and asylum seekers from the Great Lakes region. The remaining registered camp-based population, as of end 2007, was approximately 7,500, including refugees and asylum seekers from Angola and elsewhere. The vast majority some 6,400 refugees were receiving food assistance in the camp.

Refugees in Namibia commonly cite four major reasons for not wanting to return home. They fear that Angola has not yet held elections and that these may spark more violence; fear of harm when returning to areas formerly controlled by The National Union for the Total Independence of Angola (UNITA) rebels; loss of family ties and nothing to return to; and inadequate basic infrastructure such as schools and health facilities in Angola. Concomitantly, due to the fragile peace and continuing instability in the Great Lakes countries, these refugees are unlikely to come forward for repatriation.

In April 2006, a joint assessment mission by the UN High Commissioner for Refugees (UNHCR) and UN World Food Programme (WFP) was conducted in Osire. The report concluded that refugees and asylum seekers at Osire camp were food secure only due to the food assistance from WFP and that if food assistance were terminated, nutritional status would deteriorate rapidly.

UNHCR Namibia is responsible for the overall protection, care and maintenance of the refugees in Namibia. Furthermore, it is UNHCR's mandate to provide refugees and asylum seekers with non-food items, such as shelter materials, tools required to build pit latrines, kitchen utensils, sanitary materials for women, blankets, mattresses, jerry cans and soap.

One of the key recommendations of the 2006 UNHCR/WFP joint assessment mission was that both UNHCR and WFP plan for the continuation of protection, care and maintenance and food assistance respectively. Despite plans to move from care and maintenance to a more assertive search for durable solutions, this cannot happen overnight and any reduction in support would see a rapid deterioration in key physical and material protection areas.

Without the \$ 1 million CERF grant, both the UNHCR 2007 care and maintenance of refugee project (07/AB/NAM/CM/200) and the WFP relief operation for food assistance to refugees and asylum seekers in Namibia (PRRO 10543.0) would have been seriously under-funded, with only enough funds to cover activities for between four to six months at the beginning of the year (including food, health/nutrition, water and sanitation, shelter, domestic needs, salaries of project staff, general operating expenses of implementing partners, etc.). It is clear that a humanitarian crisis was avoided with the additional funds obtained through CERF, particularly for life-saving activities.

Total amount of humanitarian funding required and received (per reporting year)	Required: <u>\$2,533,613</u> Received: <u>\$999,999</u>
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Total amount of CERF funding received by funding window	Underfunded: <u>\$999,999</u>			
	Grand Total: <u>\$999,999</u>			
Total amount of CERF funding for direct UN agency/IOM implementation and total amount forwarded to implementing partners	Total UN agencies/IOM: <u>\$378,425.70</u>			
	Total implementing partners: <u>\$621,573.72</u>			
Approximate total number of beneficiaries reached with CERF funding (disaggregated by sex/age if possible)	Total	under 5 years of age	Female (If available)	Male (If available)
	6,486	1,310	3,047	3,439
Geographic areas of implementation	Osire Refugee Camp, Otjozondjupa region, Namibia.			

II. Coordination and Partnership-building

(a) Decision-making process:

- a. The UNHCR/WFP Joint Assessment Mission (JAM) of April 2006, as well as the Participatory Assessment (PA) held in September 2006, which involved refugees and other stakeholders (Implementing Partners and Government) revealed some real gaps in the level/type of assistance. Criteria used to identify priority areas for the CERF grant package were also informed by the Performance Standards and Indicators for Humanitarian Agencies in the broader context of Results-Based Management (RBM), including Right-Based Approach (RBA) to determining the standard of care for the population of concern.
- b. When necessary and as members of the UN Country Team, UNHCR and WFP sought the expertise of various sister UN Agencies; for example: United Nations Children's Fund (UNICEF), Food and Agriculture Organization of the United Nations (FAO), United Nations Population Fund (UNFPA), World Health Organization (WHO) and Joint United Nations Programme on HIV/AIDS (UNAIDS).

(b) Coordination amongst the humanitarian country team:

- a. African Humanitarian Action (AHA), an international NGO – in collaboration with the relevant Government Ministries - has continued as the main implementing partner (IP) for the life-saving sector-activities funded by CERF. Through regular meetings (e.g. almost daily discussions, monthly coordination meetings, workshops, etc.) where exchanges of ideas took place, AHA has effectively been part of the decision-making and needs identification process. In addition, during meetings and monitoring visits, joint assessments were made and actions agreed, with timelines. For example, AHA was part of the JAM and PA.

(c) Partnerships:

- a. African Humanitarian Action (AHA) is the main implementation partner for both UNHCR and WFP. UNHCR is further assisted by Jesuit Refugee Service (JRS) in implementing the assistance programme. AHA implemented such sectors as: Transport/Logistics, Health, Water/Sanitation, Shelter and the receipt, storage and handling of commodities at the extended delivery point. Both implementation partners contribute their wealth of practical experiences, and sometimes resources, to the operation.
- b. Good relationships were also maintained with the Operational Partners. They included the Ministry of Home Affairs and Immigration (MHA) for refugee registration, police protection in the camp, Ministry of Health and Social Services (MoHSS) for giving free

ARV treatments to people living with AIDS, contributing a small number of health workers and medicines to the clinic in Osire Camp, etc;

- c. As members of the UN Country Team in Namibia, UNHCR and WFP strengthened their working relationships with the other sister UN Agencies (including UNDP, UNICEF, FAO, UNFPA, WHO, UNAIDS) by requesting for their technical advice and/or input/contributions in the areas of assistance where they have the expertise. For example, UNFPA supplied condoms to Osire health centre; FAO facilitated the carrying out of soil test and training for vegetable gardens by refugees.

(d) Prioritization process:

- a. Given the strict confinement policy of the host government, and the very limited ability of camp residents to augment their existence through their own endeavours, the prioritisation of the humanitarian response plan focused primarily on basic needs of the camp population.

III. Implementation and Results

Underfunded projects

- For this chronically underfunded operation, the CERF funding has provided critical funding for the food sector enabling a highly dependent caseload of refugees and asylum seekers to receive a regular supply of basic foodstuffs and a minimum adequate calorific intake through to the end of 2007 and into the first quarter of 2008.
- Originally, CERF funding was intended to be used to procure commodities in time to distribute to the beneficiaries from the period May to December 2007. However, just before the CERF contributions were received and registered by WFP, a contribution of \$ 258,621 from Canada, requiring immediate utilization, was unexpectedly received. Furthermore, in April, the WFP operation for this caseload (PRRO 10543.0) was extended for an additional year through to the end of 2008 to take into account the slow progress toward the identification of durable solutions and to provide greater continuity to the operation, which could not reasonably be expected to end at the end of 2007. The combination of these two factors resulted in the CERF grant covering food requirements for the period September 2007 – March/July 2008, after which the food pipeline faces another complete break unless further funding can be identified.
- CERF funding came at a critical time (March 2007) when other underfunded life-saving areas of assistance needed more funds to avert a humanitarian crisis. For example, CERF funding has enabled the only Medical Doctor in Osire Camp Health Centre to stay on after March 2007 and enabled the filling of the Pharmacy Assistant and Enrolled Nurses posts in June 2007. In addition, CERF funding helped to keep maintaining AHA's field vehicles beyond February 2007, as well as the distribution of bar soap (at 250g per person per month) and paraffin (kerosene for cooking and lighting) at four liters per person per month to some 6,500 refugees in Osire Camp and medical supplies beyond April 2007. Furthermore, water supply facilities were upgraded and maintained as well as the construction of addition sanitation amenities (e.g. VIP and WC toilets).

(a) Monitoring and evaluation

- Monitoring and evaluation starts with the tendering and procurement services of WFP. This is managed under the WFP regional procurement system and involves close scrutiny from both the Country Office and Headquarters levels.
- Upon arrival in September 2007, food commodities were stored at the Osire camp warehouse. Food distribution was monitored at the camp level and post-distribution was carried out at household level by WFP staff on a monthly basis.
- A joint assessment and evaluation mission (JAEM) of the operation has been scheduled to take place in the first half of 2008. The last one was in 2006.
- Monitoring of implemented activities has been done on a continuous basis, applying several tools – including UNHCR's performance standards and indicators. The programme officer/assistants as well as the field/protection staff including the IP and other UNHCR regional staff have been involved in the monitoring and evaluation.

(b) Initiatives complemented CERF-funded projects

- A contribution from Canada helped to cover operational costs associated with the refugee operation from the WFP side.

IV. Lessons learned

- Given the recent introduction of the CERF as a funding source for rapid response and underfunded emergencies, an initial lack of understanding of the application and implementation processes at the country level had to be overcome. Nevertheless, the process was seen to be relatively efficient, user friendly, and not overly bureaucratic. Applications were processed in a timely manner, the flow of information was generally good and, once approved, the disbursement of the funds was made in a timely manner.
- All stakeholders, especially the refugees and the implementing partners had to be part of the decision-making processes and the implementation, e.g. what were the humanitarian needs and their prioritization for budget purposes, drawing up the workplan and role assignment.
- Changed circumstances could alter the method or magnitude of assistance during implementation. Hence, flexibility is imperative. For example, more new arrivals than expected (250 arrived within six months as against the projected 12 months); the verification/registration exercise which ended in June 2007 could give an increase in the population of concern.
- Areas/sectors of assistance not described/defined under CERF criteria as life-saving could impact on the CERF-funded life-saving activities. For example, lack of education (i.e., not going to school) and youth development activities which are not considered as life-saving under CERF criteria could cause boredom for refugees and therefore lead them to engage in violent and anti-social behaviour.

V. Results

Sector/ Cluster	CERF projects per sector (Add project nr and title)	Amount disbursed (\$)	Number of Beneficiaries (by sex/age)	Implementing Partners	Expected Results/Outcomes	Actual results and improvements for the target beneficiaries
Food	07-WFP-012 Food Assistance to refugees and asylum seekers in Namibia (PRRO 10543.0)	\$383,184	6,486 Angolan Refugees	African Humanitarian Action (AHA)	<ul style="list-style-type: none"> Provision of full food basket to all refugees and asylum seekers registered as resident in Osire camp Provision of food to a supplementary feeding center for malnourished children 	<ul style="list-style-type: none"> All registered refugees resident in Osire camp were provided with a full food basket, without pipeline breaks, for the duration of the CERF assistance. Food rations were provided for 14 children per month to a supplementary feeding center run through AHA for chronically ill and malnourished children.
Shelter and Non- food items	07-HCR-005 Protection, Care and Maintenance of refugees in Namibia	\$616,815	Some 6,500 camp- based refugees/ asylum- seekers	Africa Humanitarian Action (AHA)	All camp-based refugees/asylum-seekers benefit from assistance with non-food items and shelter.	<ul style="list-style-type: none"> Camp-based refugees/asylum-seekers were provided with: i) Increased distribution of paraffin (kerosene) from three to four litres/person/month due to lack of access to firewood; (ii) Average of 1,500 women of reproductive age were given sanitary pads every month; (iii) Kerosene stoves, mattresses, pots, cups, spoons, plates, jerry cans, blankets, including vaseline during winter, were given to needy refugees as well as bar soap (250g/person/mth). Some 300 new arrivals were given shelter materials to build their own houses; while some 200 families provided with materials (e.g. poles, zinc, timbers, cement,etc) to renovate their old houses. In addition, some persons with specific needs (e.g. physically-challenged, single woman with many children, etc. were assisted to build. Items transported to site for distribution.
Health / Nutrition			Some 6,500 camp- based refugees/ asylum- seekers	Africa Humanitarian Action (AHA)	Camp-based refugees/asylum-seekers enjoy universal access to primary healthcare (preventive and curative).	<ul style="list-style-type: none"> All persons of concern had access to primary healthcare services within one hour at the Health Centre/Clinic in Osire Camp, or else were referred to the Government Hospital in Otjiwarongo or other suitable hospitals. Under five years child mortality rate was three at 1,000 month. Salaries paid for one Medical Doctor (a Namibian registered refugee doctor) , two Nurses, one Morgue worker and other health staff. No outbreak of communicable diseases in the camp. Routine immunizations conducted, e.g. for all (some 900) children five years against polio,

						<p>measles, etc.</p> <ul style="list-style-type: none"> ▪ Malaria prevention, etc. campaigns carried out by health promoters; ▪ 18,374 consultations at the primary health care facility; Total ante-natal visits was 1,104, TB patients on treatment were 18 and got special feeding. ▪ One Nissan Urvan Ambulance procured for transporting referral patients to government hospitals. ▪ All 33 PLWH were given ARV and other treatments, including special feeding. ▪ Two Leprosy patients were receiving treatment. ▪ Total of 814 children were assessed during Nutritional survey in July 2007. Result showed Rate of malnourished six-59mths (Global Acute Malnourition) measured by Z-score was Five percent std. Malnourished placed on selective feeding. ▪ Health workers received training in HIV/AIDS, VCT and Rapid Test, Nutrition Managt, Obstatric emergency, Pandemic influenza preparedness, etc. ▪ Electricity and related costs for the clinic/health centre covered in Osire Camp. ▪ Medical supplies/consumables were procured, including laboratory/medical exam costs. ▪ Food rations transported from Warehouse to Extended Distribution Point (EDP) in Osire Camp, including transport of other NFI's.
Water and Sanitation			Some 6,500 camp-based refugees/asylum-seekers	Africa Humanitarian Action (AHA)	Camp-based refugees/asylum-seekers have access to potable water and enjoy a satisfactory sanitary condition.	<ul style="list-style-type: none"> ▪ Some 6,500 camp-based population received 33 litres/person/day of potable water for domestic use. ▪ Water testing and chlorination carried out quarterly, and two water reservoirs of 96,500 litres each, including 18 boreholes/ handpumps well maintained. ▪ Two additional water boosters and three gauges installed to solve the problem of low water pressure and improve the accuracy of water measurement. 20 additional water taps constructed towards the std. of <200m walking distance for fetching water. (Total 94 water stands). ▪ 60 new VIP latrines constructed to reach a total of 483 and to avoid the spread of communicable diseases. Hence, in addition to communal latrines, 39 percent (483/1,247) of families have family latrines. Still short of 100 percent std. four WC Toilets constructed to reduce the risk of

						<ul style="list-style-type: none"> ▪ underground water contamination. ▪ Enzyme applied to some pit latrines (two to three years old) in order to dry the faecal contents and avoid bad smell. ▪ six Communal refuse pits maintained. Cleaning campaigns done.
Protection			Some 6,500 camp-based refugees/asylum-seekers	Africa Humanitarian Action (AHA)	All refugees/asylum-seekers, especially women/girls have adequate access to protection.	<ul style="list-style-type: none"> ▪ Monthly meetings of Sex and Gender-based Violence (SGBV) Committee held (comprising members from Refugee community, UNHCR, Min. of Home Affairs and Immigration (MHA), Police, AHA, Child Welfare Department, etc.) ▪ No refugee/asylum-seekers refoiled by Government. ▪ Several trainings organized for refugees on gender equality and SGBV issues. 17 Gender Peer Educators given TOT. ▪ 18 cases of domestic violence, one rape, one attempted rape, and one forced marriage reported and cases treated as per Standard Operating Procedure (SOP). ▪ New arrivals provided with safe transit accommodation and transported to Osire Camp.
Agency operational support				Africa Humanitarian Action (AHA)	Provide operational support to project implementation, based on systematic use of standards and indicators.	<ul style="list-style-type: none"> ▪ Fuel supply for and maintenance of project vehicles. ▪ Agency travel costs covered. ▪ AHA Office rental, communication costs, bank charges, stationery cost, maintenance of office equipment, etc. ▪ Security expenses for AHA office and staff houses. ▪ Salaries of AHA staff – Project Coordinator (July-Dec), Finance Assistant, Driver, Cleaner, etc. ▪ Other incidental expenses covered.

VI. CERF IN ACTION: Success Stories

(Extract from the October 2007 (Vol.1, Issue 1) 'Newsletter of the Ministry of Home Affairs and Immigration and UNHCR Namibia).

REFUGEES, WHO CARES? – CERF Cares!

The Central Emergency Response Fund (CERF) is a stand-by fund established by the United Nations to enable more timely and reliable humanitarian assistance to those affected by natural disasters and armed conflicts. Its primary objectives are to promote early action and response to reduce loss of life, enhance response to time-critical requirements and strengthen core elements of humanitarian response in under-funded crises.

Since its establishment in March 2006, the upgraded CERF with its grant component has become an important funding source for humanitarian operations.

At a time when UNHCR operations in Namibia was faced with a serious financial crunch and was about to stagnate, the CERF grant provided the life-line. It was a timely intervention by CERF during February 2007.

Specifically, all the \$ one million CERF package has been channelled towards protection, and life-saving

assistance activities of refugees and asylum-seekers in Namibia. For the continued feeding operation of some 6,500 camp-based refugees/asylum-seekers in Osire Camp, the World Food Programme (WFP) was allocated \$383,185 while the remainder (\$ 616,815) went to UNHCR to implement its under-funded programme activities till December 2007. With the grant, UNHCR has been able to continue providing assistance to some 6,500 persons of concern in the following critical/life-saving sectors:

- Primary healthcare/nutrition
- Shelter and non-food items, including paraffin for cooking
- Water and sanitation
- Protection
- Agency operational support

CERF – you are a partner in action, and on behalf of all the refugees and asylum-seekers in Namibia, UNHCR is saying “Thank You”.

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Thursday, September 6, 2007 - Web posted at 7:31:12 GMT

WFP donates food for Osire refugees

STAFF REPORTER

THE United Nations World Food Programme (WFP) has begun delivering food supplies to 6 000 refugees and asylum seekers at the Osire camp after receiving \$380 000 (N\$2,7 million) from the UN's Central Emergency Response Fund (CERF).

The WFP is responsible for providing a full monthly food aid ration to all the inhabitants of Osire, which houses around 4 700 Angolans along with hundreds of people from the Democratic Republic of Congo, Rwanda, Burundi and other African countries.

"As conditions in their home countries improve, it is becoming increasingly difficult to attract funding to support these refugees, many of whom remain entirely dependent on our assistance," said John Prout, WFP Country Director for Namibia.

"Hopefully, a lasting solution can soon be found but until then, WFP's food aid will remain absolutely critical."

The CERF was established by the UN system and donors in March 2006 with the objective of assisting the UN to respond in a timely manner to sudden crises, but also to provide essential funding for chronic under funded and 'forgotten' operations.

"The CERF funds are pretty much a last resort for us and will only ensure that WFP has sufficient food supplies for the refugees until March 2008, but the programme is to run until the end of next year," said Prout.

"We are urging donors to remember the plight of the Osire refugees and to consider contributing additional funds."

WFP still needs another N\$4, 2 million (\$600 000) to fund its refugee operations at Osire until the end of 2008.

WFP provided food aid to refugees in Namibia seven years ago when over 20 000 people fled across the border following a major upsurge of fighting in Angola.

The number of refugees fell after the end of the Angolan civil war in 2002 but thousands are still unwilling to return there voluntarily.

WFP's refugee feeding programme is conducted in conjunction with the Ministry of Home Affairs and Immigration and the United Nations High Commissioner for Refugees.

List of Acronyms

AHA- African Humanitarian Action

CERF- Central Emergency Response Fund

FAO- Food and Agriculture Organization of the United Nations

IP- Implementing Partner

JAM- Joint Assessment Mission

JRS- Jesuit Refugee Service

MHAI- Ministry of Home Affairs and Immigration

MoHSS- Ministry of Health and Social Services

NGO- Non governmental organization

PRRO- Protracted Relief and Recovery Operations

RBA- Rights-Based Approach

RBM- Rights-Based Management

UNAIDS- United Nations Programme on HIV/AIDS

UNFPA- United Nations Population Fund

UNICEF- United Nations Children's Fund

UNITA- The National Union for the Total Independence of Angola

UNHCR- United Nations High Commissioner for Refugees

WFP- World Food Programme

WHO- World Health Organization