



ANNUAL REPORT OF ON THE USE OF CERF GRANTS IN NAMIBIA FOR FLOOD EMERGENCY

COUNTRY	NAMIBIA
RESIDENT/HUMANITARIAN COORDINATOR	Musinga T. Bandora

I. SUMMARY OF FUNDING IN 2011 – US\$

Funding	1. Total amount required for the humanitarian response		2,090,176.85	
	2. Breakdown of total response funding received by source	2.1 CERF		1,142,147.88
		2.2 COMMON HUMANITARIAN FUND/ EMERGENCY RESPONSE FUND		N/A
		2.3 OTHER (Bilateral/Multilateral) BCPR through UNDP, UNICEF, OFDA		179,589.85
		2.4 TOTAL		1,321,737.73
	3. Breakdown of funds received by window	<input type="checkbox"/> Underfunded		
		1. <i>First Round</i>		
		2. <i>Second Round</i>		
		<input checked="" type="checkbox"/> Rapid Response		1,142,147.88
	4. Please provide the breakdown of CERF funds by type of partner	4.1 Direct UN agencies/IOM implementation		577,398.65
		4.2 Funds forwarded to NGOs for implementation		385,929.33
		4.3 Funds forwarded to government partners		358,409.75
		4.4 TOTAL		1,142,147.88

II. SUMMARY OF BENEFICIARIES PER EMERGENCY

Total number of individuals affected by the crisis	Individuals	138,295
Total number of individuals reached with CERF funding	Female	82,977
	Male	55,318
	Total individuals	138,295
	Of total, children <u>under</u> 5	5,000

III. GEOGRAPHICAL AREAS OF IMPLEMENTATION

Six flood-affected regions of northern and northeastern Namibia: Oshana, Oshikoto, Omusati, Ohangwena, Kavango and Caprivi

IV. PROCESS AND CONSULTATION SUMMARY

- I) Was the CERF report discussed in the Humanitarian and/or UN Country Team and by cluster/sector coordinators?
YES NO

Remarks: It was discussed at Inter-agency/sector and bilateral meetings.

- II) Was the final CERF report shared for review with in-country stakeholders (i.e. the CERF recipient agencies, cluster/sector coordinators and members and relevant government counterparts)?
YES NO

After consolidation, the final 2011 CERF report is shared with the recipient agencies and respective implementing partners, including OCHA-ROSA. However, only one agency shared it is draft report with the partner before consolidation.

V. ANALYSIS

1. The humanitarian context

Flooding affects the flat terrain of the northern part of Namibia every year, mostly due to heavy rains and river inflows from neighbouring Angola and Zambia. During the first quarter of 2011, unusually heavy rainfall and floods, resulted in corresponding humanitarian needs exacerbated the situation in the flood prone areas. It was estimated that 138,295 people have been affected out of which 60,000 were displaced from their usual dwellings while 25,699 persons were accommodated in 78 relocation camps.

According to Namibian Hydrological Services, 2011 has seen one of the heaviest rainfalls ever with affected areas extending to Kunene region, which does not have a history of flooding. Previously, the worst recorded floods were in 2009, when an estimated 350,000 people were affected. In 2011, the water levels were reported to be 30 - 40 cm higher than the 2009 levels, prompting the declaration of an emergency by the Namibian Head of State on 29 March 2011, and an appeal for international assistance. Houses, crops, and other infrastructure were destroyed with Oshikoto, Oshana, Ohangwena and Omusati regions disproportionately affected. The situation in worst affected regions (Oshana, Oshikoto, Omusati, Ohangwena, Kunene, Kavango, and Caprivi) sparked health concerns, following reported cases of cholera in southern Angola.

A rapid assessment team under the leadership of the Office of the Prime Minister, comprising of representatives from relevant line ministries, donor organizations, UN agencies and the Namibia Red Cross Society, was dispatched to the most affected areas in early April 2011. The joint rapid assessment showed that more than 40 schools were closed because of the flooding, and many communities have lost their harvests to the floods. In Oshana region alone, an estimated 25,600 hectare of crop was destroyed. The Government of Namibia identified food, health and logistics as its primary areas of intervention. Other urgent needs of displaced populations included WASH, Non-Food Items (NFIs), health and nutrition and uninterrupted access to education. Furthermore, a joint protection flood relief and recovery assessment, which was conducted in July 2011. The assessment highlighted that child protection, gender based violence, land, housing and property, rule of law and justice, as well as land mines were amongst the protection issues that needed to be considered in the of disaster response and recovery process in order to reduce human suffering during and after disasters.

2. Provide brief overview of CERF's role in the country

The Government of the Republic of Namibia led the response to the flood emergency. It allocated N\$30 million (about US\$4.5 million) to respond to the crisis. Its appeal for international assistance was indicative of the need for further assistance, which was mobilized by the United Nations System and other humanitarian partners like the Namibia Red Cross Society, taking into account that Namibia has a very limited NGO presence. An estimated 60 to 70 per cent of the Government-allocated funds were to be used for logistics (airlifting, search and rescue, transportation of medication, etc.). The remainder was used for food, health and shelter. The UN system focused its support on sectors such as health, protection, WASH and NFIs, which were not fully covered by the Government. The aforementioned joint Government/UN rapid assessment served to verify existing information and fill in gaps, as certain areas were completely cut off by the floods.

HEALTH/NUTRITION

With support from WHO, the Ministry of Health had prepared earlier a contingency plan, which was rolled out. Flood significantly reduced access to health services, compromising health service delivery to people with chronic diseases and conditions. Consequently, this disrupted access to life-saving medications, such as insulin, Antiretroviral drugs (ARVs) and anti-TB medicines. Additionally, the food security situation, against a backdrop of high levels of malnutrition, the nutritional status of children, the vulnerable and the chronically ill, worsened. Overcrowding in relocation centres coupled with inadequate water and sanitation facilities was another health risk with potential for spread of communicable diseases. To prevent avoidable illnesses and deaths, there was an urgent need to procure interagency emergency health kits (IEHK), reproductive, delivery and hygiene kits for women; train health workers on surveillance, early warning system, management of common ailments, provide essential health services and improve coordination of health actions.

FOOD SECURITY

With the rains and floods, many communities lost their harvests, which resulted in a loss of income, and serious food insecurity. The Government prioritised food as one of its areas of intervention. These efforts were supplemented by WFP as it sought to mobilise funds to support Government's food distribution by providing technical assistance.

WATER AND SANITATION

Hygiene promotion is an area that was not prioritised by Government in its response. UNICEF secured the services of a WASH expert and provided technical support to Government.

PROTECTION/CCCM

UNFPA ensured that the Camp Management tools developed by IOM incorporated protection concerns in Camp Management. In situations of displacement, women and children tend to be the most vulnerable. UNFPA in collaboration with the Ministry of Gender Equality and Child Welfare and Namibia Red Cross Society looked at protection issues and worked closely with the Namibian Police to ensure a police presence in displacement sites. The UNCT in Namibia requested to OCHA-ROSA, a senior protection officer (ProCap Project) for six-month deployment in Namibia, and hosted by UNFPA, to strengthen protection capacities in natural disaster.

UNHCR deployed a senior registration officer from its Regional Office to provide expertise on camp coordination and camp management through the Government of Namibia and other humanitarian partners. UNFPA used an Emergency Gender Coordinator to provide technical support on Gender and Sexual Reproductive Health, especially in relation to the heterogeneity of the health needs of women and men. Amongst the people that were relocated, were pregnant mothers who needed special assistance to ensure safe deliveries of babies; despite the fact that hospitals and clinics were flooded or were far from the relocation camp.

EDUCATION

Hundreds of schools were cut off because of the flooding, and schoolchildren and students were forced to stay at home, schools or in relocation centres. UNICEF and UNESCO used an emergency education expert, whose role was to assist Government in ensuring that learning continues even in times of crisis.

TRANSPORT

Severe challenges were posed by the flood damage to both trunk and artery road infrastructure. Many roads were submerged under water, and some affected areas could only be reached by boats, which were in short supply. This also hampered the transportation of relief items, particularly to/from regional warehouse facilities and to relocation sites where the displaced persons were located and/or for accessing remote communities. Government prioritized logistics as a key intervention area, and with the assistance of WFP, effective food distribution to was ensured.

3. What was accomplished with CERF funding

The CERF appeal was formulated under five project titles and had the following results:

1) STRENGTHENING EMERGENCY FOOD DISTRIBUTION SCHEME (LED BY WFP)

Technical assistance to Directorate of Disaster Risk Management and the Regional Councils resulted in increased capacity of the Government to plan and execute food assistance activities in the six flood-affected regions. The management of emergency stocks and warehouses was enhanced, systems and tools for monitoring the utilization of food commodities were developed, which resulted in improved accountability and standardization of food management procedures.

2) STRENGTHENING EMERGENCY RESPONSE IN WASH SECTOR (LED BY UNICEF):

The emergency response supported by the CERF funds averted an outbreak of waterborne diseases and other public health risks that the affected population were exposed to due to the floods. This was achieved through distribution of 300,000 water purification tables, 1,000 basic family water kits, 200 hygiene kits and installation of 13 water tanks providing clean water reaching at least 15,000 affected population in the flood hit regions.

Behaviour change communication for hand washing, hygiene and sanitation interventions reached more than 50,000 displaced people including children through cascade training by the Red Cross, schoolteachers and community volunteers.

UNICEF also supported the establishments of Initial Water Sanitation and Hygiene (WASH) working groups as sub-committees of the Regional Disaster Management Committees to coordinate and manage the emergency response. The establishment of the working groups optimized response capacity of individual stakeholder's involved in the emergency response through information sharing and coordination, particularly in relation to sanitation, which was one of the greatest challenges of the emergency response in most affected areas. UNICEF was able to bringing in a specialist on water and sanitation as surge capacity deployed in the north to coordinate the response.

3) STRENGTHENING EMERGENCY RESPONSE IN THE SECTORS OF HEALTH AND NUTRITION (LED BY WHO, UNICEF and UNFPA)

WHO provided health emergency diagnostic and treatment kits and mosquito nets for disease prevention and control. In addition, 92 Red Cross Volunteers and 15 Ministry of Health and Social Services Volunteers trained in Health Promotion and Disease Surveillance.

A team from MoHSS and UNICEF undertook a nutrition assessment during the early days of flood in April 2011. In addition, UNICEF Namibia was able to increase the surge capacity for Nutrition by bringing in specialists from the UNICEF Botswana Office and the UNICEF Nigeria Office respectively, who were deployed to the field for detailed assessment, planning and capacity building of nutrition related interventions in flood-affected regions. Nutrition supplies procured through CERF funding were distributed to more than 20 health facilities in all six flood-affected regions, including mother-child weighing and height measuring scales; Mid-Upper Arm Circumference (MUAC) tapes; Plumpy nuts as ready-to-use therapeutic food (RUTF); complex of minerals and vitamins (CMVs).

As part of the capacity building process, training of trainers on basic nutrition surveillance was conducted for 18 health staff in four regions (Oshana, Omusati, Oshikoto and Ohangwena). The same health staff was trained as trainers for infant and young child feeding (IYCF) and infant feeding during emergencies. In addition, 315 community health volunteers from four regions (Oshana, Omusati, Oshikoto and Ohangwena) were trained on using Mid-Upper Arm Circumference tapes to assess the nutritional status of under 5 children during the second national immunisation days. Additionally, 150 volunteers from Kavango and 80 from Caprivi received similar training.

As a result, more than 10,000 children benefited from nutrition assessment and early detection of malnutrition problems. Those who were detected as malnourished by the nutritional assessment during flood and post flood period i.e. national immunisation days (NID) received adequate treatment and supplementation supported through CERF funds.

4) STRENGTHENING PROTECTION SECTOR EMERGENCY RESPONSE (LED BY UNFPA)

With the CERF funding, UNFPA procured 84 boxes of reproductive health kits and 7,500 hygiene kits (dignity kits) based on needs assessment reports received from the various affected regions. The most important assistance provided was hygiene promotion through the hygiene kits. The hygiene kits also helped to restore the dignity of the displaced women by preventing cultural embarrassments associated with the lack of feminine necessities among the displaced women, including promoting continued school attendance by young girls, while menstruating.

The delivery kits were divided among the most affected district hospitals and constituency clinics in the six flood regions. The challenge was the distribution of the kits that needed cold storage en route to their destinations. Not all rural health centres had adequate transport or storage facilities. Private transporting companies were hired to assist in this relation.

With the CERF funds, the Namibia Planned Parenthood Association, in collaboration with UNFPA, conducted a Minimal Initial Service Package (MISP) training for Red Cross volunteers and Ministry of Health and Social

Services' staff. Sexual Reproductive Health (SRH) has always taken a back seat when it comes to priority issues/areas that are addressed during emergencies or crisis, despite the fact that Sexual Reproductive Health needs continue even during a crisis – and often becomes more important at that time. The training equipped volunteers with knowledge of Sexual Reproductive Health, which enabled them to address Sexual Reproductive Health issues among internally displaced people (IDPs). Equally, the training also provided information platform to persons surviving crisis or living in post-crisis situations in all of the six flood regions.

5) STRENGTHENING EDUCATION SECTOR EMERGENCY RESPONSE (LED BY UNICEF)

Twenty-four (24) child-friendly spaces and safe learning environments were set up in 23 flood relocation camps. The sites reached 2,545 children from the most affected schools ensuring continued learning in a safe environment. The spaces were equipped with teaching and learning supplies (including exercise books, tables and chairs). Forty-five (45) volunteers were trained and assigned to relocation centres to ensure a safe and supportive learning environment. Children were able to do their homework, and engage in recreational and life skills activities, including games and sports. The volunteers established a child tracking system to identify children who are at risk of abuse and ensured referrals were made to relevant authorities. CERF support strengthened integrated multi-sectoral (Education and Protection) service delivery, care and support for flood-affected children. It also strengthened the partnership with NGOs, particularly Development Aid From People To People (DAPP), who was the key partner to ensure safety, care and protection of children at the relocation centres.

4. An analysis of the added value of CERF to the humanitarian response

a) Did CERF funds lead to a fast delivery of assistance to beneficiaries? If so how?

YES NO

The funds supplemented Government capacity to rapidly response to the flood emergency. The CERF request was completed in consultation with the Government to support their emergency response, and ensured that certain key priorities were met.

For example, WFP technical assistance to the Directorate Of Disaster Risk Management and Regional Councils allowed the government to timely plan and respond to emergency food needs of some 50,000 displaced people. Technical support in food assistance programming and logistics and warehouse management enabled the government to quickly determine emergency food needs; introduce standard food rations, all of which helped in ensuring immediate and fast delivery of food assistance to the affected populations.

However, UNFPA experienced delays in the transfer of the CERF funds and transport logistics, which resulted in beneficiaries receiving the dignity materials towards the closure of the relocation camps.

The response to WASH and Nutrition sectors was able to kick off immediately the emergency was declared, using \$50,000 of UNICEF's regular resources and the Emergency Programme Funding (EPF) loan from UNICEF Headquarters of another \$250,000. This loan ensured UNICEF was able to activate surge support for WASH and Nutrition assessment and for procurement requests for emergency WASH and nutrition supplies. The education response also started immediately in partnership with Development Aid from People to People (DAPP) after amendment of existing agreement to include flood emergency response activities. Development Aid from People to People (DAPP) staff had already been trained as part of the contingency plan. The CERF funds assisted in repaying the loans, which was timely, and extremely effective in responding to the emergency of the country.

b) Did CERF funds help respond to time critical needs?

YES NO

UNICEF reports that materials were rapidly distributed through existing Government and NGO channels.

UNFPA supplied materials could restore the dignity of affected women in terms of reproductive health. The CERF funds helped to replenish stocks of mosquito nets distributed to children under 5 and pregnant women to prevent malaria. Through the WFP, the government's food distribution mechanism improved and effective and timely response was provided to those affected by the floods.

WASH supplies including water tanks, water kits, purification sachets as well as education play kits were quickly procured and distributed in affected regions. Safe learning spaces were set up at the relocation camps by 15 April 2011. The supplies however were mostly pre-positioned the previous year at the regional level

c) Did CERF funds result in other funds being mobilized?

YES NO

Funding requests were made for emergency needs. In the case of WFP, additional funds were received from OFDA (Office of US Foreign Disaster Assistance). The Office of the UN Resident Coordinator also received a further \$100,000 from UNDP-BCPR, which was meant for coordination and further support to the Directorate for Disaster Risk Management in the Office of the Prime Minister.

d) Did CERF improve coordination amongst the humanitarian community?

YES NO

CERF funding made it possible for all the stakeholders such as the Government (OPM) and line Ministries, Civil Society and the UN Agencies to work together as a team. The process of identifying key priorities ensured close coordination between the Government and the UN to ensure a harmonised response. It has also facilitated greater opportunity for the UN to engage in the development of contingency, preparedness and responsiveness plans through the Disaster Risk Reduction Directorate, located in the Office of the Prime Minister. CERF activities were well coordinated by the government (Regional Councils) in order for humanitarian response to be provided effectively; while regular consultative meetings among national and regional partners facilitated the work at hand. UNICEF and WHO jointly trained Red Cross volunteers on hygiene promotion and basic disease surveillance.

VI. LESSONS LEARNED

LESSONS LEARNED	SUGGESTION FOR FOLLOW-UP/IMPROVEMENT	RESPONSIBLE ENTITY
The Child Friendly Spaces / Safe learner environments identified numerous children who were excluded from education because of the lack of birth registration.	Recommend a dialogue to take place between the Ministry of Education, Ministry of Home Affairs and Immigration, and Ministry of Gender Equality and Child Welfare to work out a long term solution to ensuring all children access to education.	Ministry of Education
The absence of real time health and nutrition data represent a serious gap in this flood emergency, thus limiting the real capacity to assess properly the prevalence of child malnutrition during this year's floods.	There is an urgent need to continue monitoring the nutritional status of children under 5 in those flood-affected areas and support capacity building of health staff and community-based health workers to support integrated management of acute malnutrition in the flood affected communities. These interventions need to be supplemented by community-based infant and young child feeding in order to prevent serious malnutrition problems among under 5 children in flood-affected areas.	Ministry of Health and Social Services
Limited staff capacity in the field especially on promotion of hygiene and sanitation.	More active role of environmental health officers needed for promotion of hygiene and sanitation.	Ministry of Health and Social Services
Timely funding is essential for provision of effective technical support.	The approval of the CERF was timely which allowed agencies to provide technical support to the Government's life-saving	GRN /UN

	interventions.	
Coordination inadequacies existed between Government and the UN.	Improve coordination capacity including reaching consensus between the government and the UN on the lead coordination roles at sector level.	GRN /UN
Lack of understanding of the UN role in emergency response in Namibia. Back and forth discussions on what constitutes life-saving activities that qualify for CERF showed varied understanding of the role of the UN in a Middle Income Country (MIC).	Define the role of the UN in MIC countries where provision of relief assistance is within the capacity of the Government. The UN role should focus more on technical assistance to enhance national capacity to provide life saving support.	UN
Preparedness in terms of pre-positioned stock, capacity building, human technical skills, reviewing contingency plan and planning both at national and regional levels was needed before the cyclic flood disaster occurred.	Regular meetings need to be conducted at all levels in the country to improve the emergency early warning systems in the country. Regular feedback to and from national level by stakeholders through government will improve the humanitarian response and assistance.	OPM-Office the Prime Minister supported by UN agencies and local NGO', even though limited in number
Stronger Coordination capacities were needed to respond in a timely and effective manner.	Strengthen the coordination at national and regional levels in order to provide timely humanitarian assistance to the affected communities.	OPM via Regional Councils supported NGO'
Geographical Information Statistics Office in the Regional Councils is a necessity to be used as an information centre, available to regional and to all regional stakeholders.	Establish an information management system at national and regional levels for collecting, receiving, compiling, analysing and storing information for timely sharing to emergency response teams for better humanitarian response during emergencies.	Regional Councils, supported by NGOs, UN agencies as well as all regional stakeholders.
All the stakeholders including UN agencies worked closely with NRCS to assist with trainings and verify the standard of the installation of toilets and hygiene promotion. The major challenge was that the funding was received late which led to the activities being implemented late and in a rush.	Hygiene promotion training and diseases surveillance helped with prevention of diseases and early detection of disease outbreaks.	MOHSS and NGO

ANNEX I. INDIVIDUAL PROJECT RESULTS BY AGENCY AND CLUSTER

UNICEF - WATER AND SANITATION							
CERF PROJECT NUMBER	11-CEF-023-A	Total Project Budget	\$ 428,500	Beneficiaries		Reached	Gender Equity
				Targeted			
PROJECT TITLE	Strengthening Emergency Response in the WASH sector	Total Funding Received for Project	\$ 206,724	Individuals			Families including men, women, boys and girls received support on WASH equally. Supplies and support actions were provided in an equitable manner, with due attention to family size. This was an attempt to ensure equity in the response.
				Female	25,500	25,500	
STATUS OF CERF GRANT	Project completed before 31 December 2011	Amount disbursed from CERF	\$ 206,724	Male	24,500	24,500	
				Total individuals (Female and male)	50,000	50,000	
				Of total, children under 5	10,000	5,000	
				TOTAL	60,000	55,000	
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES				MONITORING AND EVALUATION MECHANISMS	
<p>Safe drinking water available at point of use.</p> <p>Facilities for storage and use of water by families and households available.</p> <p>General sensitization on simple hygiene practices such as hand washing with soap, safe disposal of faeces and general environmental cleanliness.</p>		<ul style="list-style-type: none"> ▪ In-depth WASH assessments across the flood affected regions (WASH assessments in relocation centres/camps in all six affected regions were carried out as initial response right after the announcement of flood emergency. ▪ Provision of supplies for safe drinking water such as purification sachets were correctly distributed to flood victims providing clean water for 15,000 people. ▪ Installed 13 water tanks of 10,000-litre capacity at strategic and permanent points to ensure the storage and use of safe water by affected families and households. Additional 12 water tanks were kept stand by at the regional council for future floods. ▪ Capacity building of stakeholders as well as communities was carried out on installation and maintenance of water tanks, deploy and use hardware and engineering advice to WASH Stakeholders in terms of technology options and WASH standards and norms. ▪ Through the cascade training, nearly 50,000-affected population including nearly 5,000 children received behaviour change communication through messages and interpersonal communication provided by community volunteers and schoolteachers. That intervention was strengthened by the training of trainers on Emergency WASH Fundamentals delivered to health workers from all regions as part of the social mobilization on hygiene promotion and sanitation ▪ It should be noted that less children under 5 were reached; seeing that children under 5 years were more. 				<p>Monthly and final report form WASH specialist.</p> <p>Reports from Regional WASH coordination forum</p> <p>FEMCO database and reports</p>	

UNICEF - EDUCATION

CERF PROJECT NUMBER	11-CEF-023C	Total Project Budget	\$ 282,400	Beneficiaries			Gender Equity
				Targeted	Reached		
PROJECT TITLE	Strengthening Education Sector Emergency Response	Total Funding Received for Project	\$ 133,209 \$ 15,122.85 \$148,331.85	Individuals			2,545 school children (51 per cent girls) were the direct beneficiaries. The indirect beneficiaries are families of the children who camped at the relocation centres and assisted with other services.
				Female	2,300	1,298	
			Male	2,200	1,247		
			Total individuals (Female and male)	4,500	2,545		
			Of total, children under 5	650	600		
			TOTAL	4,500	2,545		
STATUS OF CERF GRANT	Project completed before 31 December 2011	Amount disbursed from CERF	\$ 133,209				
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES				MONITORING AND EVALUATION MECHANISMS	
<p>Ensure safe access to school</p> <p>Ensure collection of age and gender-disaggregated information on infants, school-age going children in relocation centres and affected schools</p> <p>Ensure that affected learners and teachers have a safe learning and teaching environment.</p> <p>Ensure Child-Friendly Spaces (CFS) and ECD facilities in relocation centres in the most affected areas.</p> <p>Ensure protection, care and well-being of school learners displaced</p> <p>Protect and support children and school learners against exploitation, abuse and violence including risk of HIV related rights violations, including support to children who may be at risk of pregnancy and sexual exploitation</p>		<ul style="list-style-type: none"> ▪ 2,545 school age children (51 per cent girls) were provided with a daily safe learning environment for the duration of the flood emergency in 24 flood relocation camps. Detailed breakdown of age and gender provided. The flood emergency also sensitised stakeholders to the problem facing children in routine access to education due to unregistered births. ▪ 24 child friendly spaces (including 18 tents) were erected at the relocation centres to facilitate teaching, learning and recreational activities. The CFS was equipped with recreational kits, furniture (tables and chairs) and stationery (exercise books and pencils) for all the 2,545 children. Forty-five (45) volunteers (36 female & 9 male) were equipped to manage the sites, and were trained on facilitating child friendly sports activities combined with an HIV life skills component. ▪ The Ministry of Gender Equality and Child Welfare regularly visited the sites to follow up on any necessary referrals for social welfare or child protection services. 100 members (77 female) of the affected community and regional social welfare staff were trained in emergency preparedness and response. ▪ The volunteers established a daily learner tracking system to identify children exposed to risks of abuse/exploitation and to refer cases. Seven (7) HIV clubs were established to facilitate HIV prevention activities in the relocation centres. The clubs carried out awareness activities not only among the learners but for all displaced persons relocated in the camps. ▪ Out of the 24 CSF sites, approximately 600 children under 5 years were reached through educational activities / cognitive development within child friendly environments. 				<p>The 45 volunteers trained to manage the centres were responsible for monitoring the daily activities at the relocation centres. They maintained up to-date information on schooling and protection activities and reported to centre management.</p> <p>The centre management and the regional emergency team prepared regular situation updates</p> <p>The regional education database for general enrolment statistics</p>	

UNICEF - HEALTH AND NUTRITION

CERF PROJECT NUMBER	11-CEF-023-B	Total Project Budget	\$ 385.200	Beneficiaries			Gender Equity
				Targeted	Reached		
PROJECT TITLE	Strengthening Emergency Response in health and nutrition. (UNICEF Regular Resources supplemented the CERF)	Total Funding Received for Project	\$ 176,766	Individuals			Families including pregnant women and children under 5 received support equally. Supplies and support actions were provided in an equitable manner, with due attention to family size. This was an attempt to ensure equity in the response.
				Female			
				Male			
				Total individuals (Female and male)			
				Of total, children under 5	10,000	10,000	
STATUS OF CERF GRANT	Project completed before 31 December 2011	Amount disbursed from CERF	\$ 176,766	TOTAL	10,000	10,000	
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES				MONITORING AND EVALUATION MECHANISMS	
<p>General Objective To mitigate the effect of the emergency and reduce avoidable illnesses and deaths through prevention and control of outbreak of communicable diseases</p> <p><i>Specific Objectives</i> Provide essential and integrated health services, (such as management of diarrhoeal diseases and emergency reproductive health interventions) the displaced population, in particular to pregnant women and children, through mobile and outreach clinics</p> <p>Coordinate and facilitate the distribution to ensure uninterrupted supply of critical medication for all chronic diseases and conditions, such as diabetes, hypertension, HIV, TB, etc.</p> <p>Conduct anthropometric assessment, monitoring and treatment of malnutrition among children, pregnant women and other vulnerable groups in all relocation centres</p> <p>Strengthen coordination mechanisms for emergency health response at all levels at national level and in the affected regions and districts</p> <p>Strengthen the disease surveillance system for early detection and prompt action to outbreaks and malnutrition</p> <p>Coordinate and conduct health education and community</p>		<ul style="list-style-type: none"> ▪ Training of trainers on basic nutrition surveillance was conducted for 18 health staff in four regions (Oshana, Omusati, Oshikoto and Ohangwena). The same health staff was trained as trainers for infant and young child feeding (IYCF) and infant feeding during emergencies. ▪ 315 community health volunteers from four regions (Oshana, Omusati, Oshikoto and Ohangwena) were trained on using MUAC tapes to assess the nutritional status of fewer than five children during the second National Immunization Days. 150 volunteers from Kavango and 80 from Caprivi were also trained on the same. ▪ More than 10,000 children benefited from nutrition assessment and early detection of malnutrition problems. ▪ 127,641 children U5 were screened in the six affected regions with 2,643 moderately malnourished and 499 severely malnourished and required hospitalized management. ▪ Infant and Young Child Feeding (IYCF) training provided to health staff for improving infant feeding practices among pregnant women and mothers attending health centres in flood-affected areas. ▪ Nutrition supplies procured through CERF funds were distributed to more than 20 health facilities in all six flood affected regions including mother-child weighing and height measuring scales; Mid Upper Arm Circumference (MUAC) tapes; Plumpy nuts as ready-to-use therapeutic food (RUTF); complex of minerals and vitamins (CMVs). ▪ Worth noting is that UNICEF targets children under 5 only for the component on Health and Nutrition screening. 				<p>Monthly and final report form Nutrition surge capacities in the field.</p> <p>Reports from Regional and District Health management Teams</p> <p>FEMCO database and reports</p>	

mobilization on prevention and control of common health ailments in all relocation centres		
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WHO - HEALTH AND NUTRITION

CERF PROJECT NUMBER	11-WHO-029	Total Project Budget	\$ 643,124	BENEFICIARIES			Gender Equity
				Targeted	Reached		
PROJECT TITLE	Strengthening Emergency Response in the Sector of Health and Nutrition	Total Funding Received for Project	\$ 250,915	Individuals			All those affected by flood were equally targeted for health services
				Female	25,500	25,400	
STATUS OF CERF GRANT	Completed	Amount disbursed from CERF	\$ 250,915	Male	24,500	19,600	
				Total individuals (Female and male)	50,000	40,000	
				Of total, children under 5	10,000	8,000	
				TOTAL	50,000	40,000	
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES				MONITORING AND EVALUATION MECHANISMS	
<p>Provide essential and integrated health services, (such as management of diarrhoeal diseases and emergency reproductive health interventions) to the displaced population, in particular pregnant women and children, through mobile and outreach clinics.</p> <p>Coordinate and facilitate the distribution to ensure uninterrupted supply of critical medication for all chronic diseases and conditions, such as diabetes, hypertension, HIV, TB, etc.</p> <p>Conduct anthropometric assessment, monitoring and treatment of malnutrition among children, pregnant women and vulnerable groups in relocation centres.</p> <p>Coordinate and conduct health education and community mobilization on prevention and control of common health ailments in all relocation centres</p> <p>Strengthen coordination mechanisms for emergency health response at all levels at national level and in the affected regions and districts</p> <p>Strengthen the disease surveillance system for early detection and prompt action to outbreaks and malnutrition</p>		<ul style="list-style-type: none"> ▪ Reduced morbidity and mortality from communicable diseases among the affected population <ul style="list-style-type: none"> ○ 20,555 cases of watery diarrhoea reported between January to April 2011 compared ○ 22,744 cases in the same period in 2010 in the six flood affected northern regions. ▪ Provision of supplies of health emergency diagnostic and treatment kit and mosquito nets contributed to disease prevention and control <ul style="list-style-type: none"> ○ Two Complete Interagency Diarrhoeal Disease Kit ○ 10 Interagency Emergency Health Kit (IEHK) ○ One Supplementary Interagency Emergency Health Kit (IEHK) ○ 6,000 insecticide treated mosquito bed nets ▪ 92 Red Cross Volunteers and 15 Ministry of Health and Social Services Volunteers trained in Health Promotion and Disease Surveillance ▪ Improved surveillance with early detection and treatment of cases with no occurrence of disease outbreaks 				<p>Weekly meeting of National Health Emergency Management Committee to assess progress of the health sector response.</p> <p>Monitoring of weekly disease trend and the flood situation using weekly Integrated Disease Surveillance and Response (IDSR) forms</p>	

UNFPA - HEALTH AND NUTRITION

CERF PROJECT NUMBER	11-FPA-022	Total Project Budget	\$ 185,825	Beneficiaries			Gender Equity
				Targeted	Reached		
PROJECT TITLE	Strengthening Emergency in the Health and Nutrition Sector	Total Funding Received for Project	\$ 109,528	Individuals			Reproductive health kits, rape management and PEP kits procured and distributed to all health centres benefiting pregnant women and GBV survivors.
				Female	50,000	45,000	
STATUS OF CERF GRANT	Completed	Amount disbursed from CERF	\$ 109,528	Male			
				Total individuals (Female and male)			
				Of total, children under 5			
				TOTAL	50,000	45,000	
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES				MONITORING AND EVALUATION MECHANISMS	
<p>Provision of essential and integrated health services for the displaced populations, especially pregnant women.</p> <p>Coordinate and facilitate the distribution to ensure uninterrupted supply of critical medication for all Support Health Education services.</p> <p>Support Health Education in relocation centres.</p>		<ul style="list-style-type: none"> Quality emergency health services provided to affected populations in emergencies, through the supply of appropriate health education and reproductive health kits UNFPA distributed 84 boxes of and reproductive health kits to two main referral hospitals which further distributed to affected hospitals and clinics. UNFPA further engaged communities on sensitization on safe Reproductive and maternal health concepts. 				<p>MISP training conducted to health inspectors and Red Cross volunteers to six flood regions.</p> <p>Monitoring role was given MOHSS. For example: this included a distribution plan through maternal records, which reflected on the distribution of the reproductive health kits.</p> <p>UNFPA also conducted spot-checks that confirmed that all the purchased RH kits were utilized; in essence, some stock-outs were seen.</p>	

WFP - FOOD

CERF PROJECT NUMBER	11-WFP-025	Total Project Budget	\$ 149,234	Beneficiaries		Targeted	Reached	Gender Equity
				Individuals	Female	Male	Total individuals (Female and male)	
PROJECT TITLE	Strengthening Emergency Food Distribution Scheme	Total Funding Received for Project	\$ 149,234	50 000	25,000	25,000	50 000	WFP complemented the Government's emergency food assistance to flood-affected regions with capacity building and ensured that at least 30 per cent of the Government's staff trained were women. Women in logistics and warehouse operations positions were also encouraged to participate in the joint partner filed support and monitoring activities.
STATUS OF CERF GRANT	Completed	Amount disbursed from CERF	\$ 64,469	Not available	Not available	50,000	50 000 ¹	
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES						
<p>Provide technical assistance in beneficiary targeting and food distribution</p> <p>Strengthen logistics and warehouse and food management</p> <p>Support Regional Disaster Risk Management to undertake distribution and post distribution monitoring and reporting.</p>		<ul style="list-style-type: none"> ▪ WFP assessment missions were conducted to identify capacity gaps in the management of emergency stocks and public storage facilities. ▪ WFP assisted Regional Disaster Risk Management / Government to define appropriate food rations and the nutritional value of the commodities for the flood response, enabling Regional Disaster Risk Management and the regional councils to make better estimates of items required to meet the nutritional needs of the targeted populations. ▪ Development of Standard Operating Procedures (SOPs) to guide the regions in commodity and warehouse management. ▪ WFP supported Regional Disaster Risk Management to develop a Commodity Management Information Systems (CMIS) to serve as an operational tool to track commodities for emergency programmes and to enable reporting. ▪ Capacity Enhancement – 33 participants from 13 regions were trained in Warehouse Management; while 22 people from Government (MAWF, MOHSS, NYS, Regional Councils and Regional Disaster Risk Management) and local NGOs and CCN were trained in Emergency Food Security Assessment (EFSA) methodology. 						<p>Monitoring visits conducted in regions to ensure that tools for food assistance programming are implemented. There was a partnership between the government and Namibia Red Cross.</p>

¹ The information given as per flash appeal states target of 50,000 to 100,000 beneficiaries. Government reports show that a target of 50,000 was reached. Food distribution continued for people outside of the relocation camps, but actual figures were not reported.

UNFPA - PROTECTION SECTOR AND CLUSTER

CERF PROJECT NUMBER	11-FPA-023	Total Project Budget	\$ 324,403	Beneficiaries			Gender Equity
				Targeted	Reached		
PROJECT TITLE	Strengthening Protection Sector Emergency response	Total Funding Received for Project	\$ 234,330	Individuals	3500	4,314	Dignity kits procured by UNFPA and distributed by Red Cross as family packs benefiting women, men, boys and girls at household levels.
				Female	2,500	2,588	
STATUS OF CERF GRANT	Completed	Amount disbursed from CERF	\$ 234,330	Male	1,000	1,726	
				Total individuals (Female and male)	3,500	4,314	
				Of total, children under 5			
				TOTAL	3,500	4,314	
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES					MONITORING AND EVALUATION MECHANISMS
<p>Provide technical assistance on protection issues.</p> <p>Procure and distribute dignity kit materials to six regions.</p> <p>Monitoring and assessment visits undertaken by UNFPA staff to flood regions.</p>		<ul style="list-style-type: none"> ▪ Overall support provided to vulnerable groups on the prevention of Gender-based Violence with restoration of dignity among affected women and girls and boys. The fact that the girls had sanitary towels it enabled them to continue attending school. The provision of toilet paper for usage at household level restored the dignity of the whole family. ▪ Provided technical support to regional councils, Ministry of Gender Equality and Child Welfare on protection concerns, in terms of setting up good referral systems on gender-based violence (GBV) and sensitization of the social workers, camp managers, communities on GBV and support and care thereof. ▪ With support from the Ministry of Safety and Security, ensured male and female protection at relocation sites. ▪ The health information systems indicated an increased number of home deliveries during the peak time of the flood; which enabled UNFPA to pre-position itself in providing basic delivery kits to remote health facilities. ▪ Through the assessment visits, UNFPA discovered the need for protection training as well as to strengthen existing protection committees on the ground in the six flood regions. 					<p>Assessment visits undertaken with CERF funding to six flood regions. UNFPA Gender Coordinator availed to FEMCO for three months to provide support on protection concerns. Monitoring role was given to Red Cross,</p>

ANNEX 2. CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS – NATIONAL AND INTERNATIONAL NGOS AND GOVERNMENT PARTNERS

CERF PROJECT CODE	CLUSTER/ SECTOR	AGENCY	IMPLEMENTING PARTNER NAME	PARTNER TYPE	TOTAL CERF FUNDS TRANSFERRED TO PARTNER US\$	DATE FIRST INSTALLMENT TRANSFERRED	START DATE OF CERF FUNDED ACTIVITIES BY PARTNER	Comments/ Remarks
11-CEF-023A	WASH	UNICEF	MAWF, FEMCO, Directorate Of Disaster Risk Management, and RDMCs	Government	193,204.25	28/04/11	19/04/11	No funds disbursed to implementing partners. Government implemented all the activities; while UNICEF paid related expenses to service providers directly.
11-CEF-023B	Health and Nutrition	UNICEF	MoHSS	Government	165,205.50	28/04/11	19/04/11	Nutrition screening training and assessment activities in flood affected areas
11-CEF-023C	Education	UNICEF	Development Aid From People To People (DAPP)	INGO	40,000	28/04/2011	19/04/2011	Partner commenced upon approval of contract
11-WHO-029	Health and Nutrition	WHO	Namibia Red Cross Society (NRCS)	International Organisation	26,401.33	-28/07/2011	28/07/2011	
11-FPA-022	Health and Nutrition	UNFPA	Namibia Planned Parenthood Association	NGO	109,528	N/10/06/2011A	10/06/2011	Partner commenced upon receipt of funds
11-FPA-023	Protection	UNFPA	Namibia Red Cross Society (NRCS)	International Organisation	210,000	01/05/2011	01/05/2011	Partner commenced upon receipt of funds
11-WFP-025	Food	WFP	Directorate Of Disaster Risk Management	Government	0	N/A	N/A	No funds disbursed to implementing partners

ANNEX 3: ACRONYMS AND ABBREVIATIONS (Alphabetical)

ART	Anti Retroviral Therapy
BCPR / UNDP	Bureau for Crisis Prevention and Recovery, United Nations Development Project
CCN	Council of Churches in Namibia
CFS	Child Friendly Spaces
CMV	Complex of Minerals and Vitamins
DAPP	Development Aid From People to People (International NGO)
DDRM	Directorate of Disaster Risk Management
DHMT	District Health Management Team
FEMCO	Flood Emergency Management Coordination Office
GBV	Gender-based violence
GRN	Government of the Republic of Namibia
HIV	Human Immunodeficiency Virus
IDP	Internal Displaced Person
IDSR	Integrated Disease Surveillance and Response
IEHK	Interagency Emergency Health Kit
IYCF	Infant on Young Child Feed
MAWF	Ministry of Agriculture, Water and Forestry
MIC	Middle Income Country
MISP	Minimum Initial Service Package
MoHHS	Ministry of Health and Social Services
MUAC	Mid Upper Arm Circumference
NPPA	Namibia Planned Parenthood Association
NFI	Non-food items
NGO	Non Governmental organization
NID	National Immunization Day
NRCS	Namibia Red Cross Society
NYS	National Youth Services
OFDA	Office of US Foreign Disaster Assistance
OPM	Office of the Prime Minister
RDRM	Regional Disaster Risk Management
RDRMC	Regional Disaster Regional Management Committee
RH	Reproductive Health
RHMT	Regional Health Management Team
RUTF	Ready to Use Therapeutic Food
SRH	Sexual Reproductive Health
TB	Tuberculosis
UNESCO	United Nations Education Scientific and Cultural Organization
UNFPA	United Nation Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
WASH	Water and Sanitation Health
WFP	World Food Programme
WHO	World Health Organization