

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

Country	NAMIBIA
Resident/Humanitarian Coordinator	Ms. Kari Egge
Reporting Period	1 January 2009 – 31 December 2009

I. Summary of Funding and Beneficiaries

Funding (US\$)	Total amount required for the humanitarian response:	\$7,071,951		
	Total amount received for the humanitarian response:	\$1,913,330		
	Breakdown of total country funding received by source:	CERF	\$1,299,825	
		CHF/HRF COUNTRY LEVEL FUNDS		
		OTHER (Bilateral/Multilateral)	\$613,505	
	Total amount of CERF funding received from the Rapid Response window:	\$1,299,825		
	Total amount of CERF funding received from the Underfunded window:			
	Please provide the breakdown of CERF funds by type of partner:	a. Direct UN agencies/IOM implementation:		
		b. Funds forwarded to NGOs for implementation (in Annex, please provide a list of each NGO and amount of CERF funding forwarded):	\$154,478	
		c. Funds for Government implementation:		
d. TOTAL:		\$1,299,825		
Beneficiaries	Total number of individuals affected by the crisis:	750,000		
	Total number of individuals reached with CERF funding:	344,000		
Geographical areas of implementation:		Caprivi, Kavango, Oshana, Oshikoto, Ohangwena, and Omusati		

II. Analysis

In early 2009 the north-central and north-eastern regions of Namibia experienced torrential rains that caused severe flooding. The floods came as a surprise since Namibia had seen no severe flooding since 1969. The effects of the flooding were exacerbated by the fact that many of those affected by the 2009 floods had not recovered fully from the heavy rain falls in 2008 that had also caused destruction and dislocation.

The 2009 floods directly affected 350,000 people, nearly 17 percent of the country's population, causing the death of more than 100 people; and displacing more than 13,500 persons. Six regions along Namibia's northern border - Caprivi, Kavango, Oshana, Oshikoto, Ohangwena, and Omusati, home to the majority of the rural poor in the country - were the worst affected. Many health facilities and schools were either flooded or inaccessible. More than 50 percent of the roads in the affected areas were damaged. The harvest was expected to fall by 63 percent, causing 67 percent of the poor households to face an estimated food gap of 20-30 percent. The cumulative effect of flooding in 2008 and 2009, in combination with the low levels of resilience, increased vulnerability, most especially for the large proportion of the population affected by human immuno-deficiency virus (HIV) and Acquired Immuno-deficiency Syndrome (AIDS). Namibia has one of the highest prevalence rates in the world, estimated in 2008/09 at 13.3 percent¹. The prevalence among pregnant women is estimated at 17.8 percent according to the 2008 National HIV Sentinel Survey. The HIV and AIDS Post-Disaster Needs Assessment of June 2009 aimed to collect data on the affects of floods on HIV and AIDS affected persons and the availability and accessibility to HIV and AIDS related services in flood affected areas. One of the more striking findings of the assessment was that access to Antiretroviral Therapy (ART) was disrupted by 23 percent among respondents living with HIV as a result of the impact of the floods.²

In terms of impact on income and livelihood, the Post-Disaster Needs Assessment report (PDNA) showed that although the estimated value of losses from the floods were not significant compared to the overall size of the economy (0.6 percent of GDP), the floods struck a particularly vulnerable segment of the population. The six affected regions are some of the most populous and are highly dependent on subsistence agriculture. The six regions have 38 percent of the total Namibian labour force but account for 70 percent of the poor in Namibia. This contrast reflects unequal wealth in Namibia, witnessed by the fact that sources of growth are concentrated in the mining and industrial areas, while most affected households rely on subsistence agriculture for survival.

The household wealth of the affected area is lower than the Namibian average, with the exception of Oshana region. The average household income in the six areas is about half of the average Namibian household, reflecting an unequal wealth distribution in the affected area and the rest of the Namibia region.

In April 2009, several assessment reports from the Government and the international community (IC) indicated an estimated total of 750,000 people affected (some 33 percent of the total population of the country), including 54,000 people displaced, of whom 23,959 lived in relocation camps. As of May 2009 almost all families in the areas of Oshana, Oshikoto,

¹ The adult prevalence rate has been estimated in accordance with the Estimation and Projections Package (EPP) model which calculates national HIV prevalence based on ANC HIV prevalence and other information.

² From the HIV and AIDS Post-Disaster Needs Assessment carried out by UNAIDS country and regional offices in May 2009, p. 3. The PDNA was done through across-sectional study among affected populations, health facilities and other AIDS service providers in 5 of the 6 most affected regions (Kavango region was not covered due to logistical challenges).

Ohangwena, and Omusati had returned home, but the flood plains in Caprivi and Kavango remained inundated, delaying returns. By the end of June 2009, the Government reported a total number of 28,103 people displaced in the Caprivi and Kavango regions, and residual humanitarian needs remained in the relocation camps. Furthermore, it was reported that families that returned home still required humanitarian assistance due to the loss of property, livestock, crops, and limited access to basic services.

The floods caused considerable disruptions of HIV and AIDS services, especially in outreach (81 percent) and orphans and vulnerable children (OVC) (79 percent) support services. Antiretroviral treatment (ART) disruption affected 23 percent of people living with HIV/AIDS who were also not able to access home-based care (HBC) support services. Disruption of prevention of mother-to-child transmission (PMTCT) services affected mothers who delivered during the period of the emergency.

THE RESPONSE PHASE

In the aftermath of the flooding, the Government of Namibia mobilized emergency assistance to meet the most pressing needs of people in the affected regions. The Government allocated N\$ 109 million towards the response effort and established 110 temporary camps in the six affected regions to house the displaced population.

The Government of Namibia appeal for international assistance for the flood victims included provision of technical support to strengthen its implementation capacity. Through consultations with Namibia's Department of Emergency Management³ (the government entity responsible for implementation of the national food distribution scheme) areas of technical assistance were identified. CERF-based interventions facilitated the national response and highlighted a number of issues for future response planning.

Namibia is defined as a middle-income country. As a result, there is less donor funding available in general than there is for less fortunate or less developed countries. Traditionally, available funding has been used for – and asked for – in a development context rather than in an emergency or disaster context. For this reason it was of great importance that the agencies, in cooperation with local authorities, could turn to the CERF when disaster struck and the emergency arose. Without having CERF, interventions would have come much later and in a lesser degree, as well as with less cooperation and alignment of interventions.

The CERF funding thus was instrumental in ensuring a response immediately after needs were identified and it also supported a more detailed assessment of needs beyond the rapid assessment

³ Renamed the Directorate for Disaster Risk Reduction and Management (DDRM) in October 2009.

THE VALUE ADDED BY CERF

The elements listed below demonstrate the impact of CERF funding as indicated by the agencies that benefited from the allocation:

- CERF funding made it possible to have follow-up monitoring following implementation. For example, UNICEF carried out a post flood nutrition survey in order to assess the consequences of the disaster for children. This was undertaken in the six affected regions.
- UNFPA noted that the value of the CERF was through providing all stakeholders with improved cooperation during the intervention and in pooling of resources.
- UNFPA was able to recruit a gender coordinator to improve awareness of reproductive health (RH) and gender issues in the two most affected regions (Caprivi and Kavango).
- WFP mentions that the CERF funds allowed for quick recruitment and deployment of advisers to provide essential technical support in logistics and management. As a result, 116 government staff and local community leaders were provided with practical advice on how to improve food distribution as well as on the job support and troubleshooting.
- WHO emphasises, amongst other elements, that one important result of CERF funding was improved early surveillance, detection and treatment of cases and no occurrence of disease outbreaks.

NUMBER OF BENEFICIARIES REACHED⁴:

- The number total of beneficiaries reached through the UNICEF-led interventions: safe water 13,000, sanitation 2,650, nutrition 3,619, and hygiene promotion 14,135.
- WHO targeted 344,000 beneficiaries including people in relocation camps.
- UN Habitat reached a total of 70,000 beneficiaries, of whom 995 were children below the age of 5 and 7,540 were women.
- UNFPA reached 35,657 individuals, of whom 1,262 were children under 5 and 20,709 were women.

⁴ The numbers given for specific activities may include the same individuals as for other interventions. It does not make sense to have a total number reached because it will result in double counting or even triple counting, rather than have various categories disaggregated.

- WFP refers to reaching 116 direct beneficiaries and an estimated 344,000 indirect beneficiaries with their activities (this estimate cannot be broken down into specific groups).

CONCLUSIONS

Thus, all agencies agreed that receiving CERF funding made it possible to carry out an early, realistic assessment of the situation for planning effective interventions and in order to achieve efficient joint interventions that also minimized the risk of overlaps or gaps and parallel use of funds. CERF funds made rapid interventions possible, making later humanitarian interventions less needed and also improved preventive aspects, such as avoiding the spread of infectious diseases.

The CERF funding made possible interventions to minimize some attendant risks that followed that disaster, such as domestic abuses that often arises when communities or families lose cohesion and when individuals and families are relocated to temporary camps.

UNFPA harbours some reservations about how its initiative in recruitment of Gender Coordinators could have been more effective if funds had been available to ensure such recruitment in all affected regions rather than in just the two most affected ones. This is well worth noting, since those most vulnerable to abuse are in an even more precarious situation during and in the aftermath of a disaster, when the normal structures and norms of society are in abeyance. For example, one would fear an increase in gender-based violence and rape, increasing the danger of increased transmission of HIV (which is already one of the greatest threats to the stability of Namibian society).

The weaknesses in logistics (transport available for food aid and other items), exacerbated by unreliable infrastructure (long distances, but also flooded and damaged roads and bridges), and also poor and unreliable communication and information-sharing systems could not be overcome through available funding and given the timeframe brought about by the emergency.

It also is necessary to remember that though the CERF funding was vital in making an effective response to the disaster and in reducing the potential costs of later interventions, it was not sufficient to finance all that was needed. The above-mentioned issue on preventing or minimizing disaster-related abuses is one example. The other has to do with providing food items, non-food items and building relevant local capacity. As WFP notes, CERF funding was made available to WFP fairly quickly, but it represented only some 10 percent of the amount required to carry out the required activities. WFP resorted to using its Immediate Response Account funds to cover the needs not funded by CERF⁵. The total amount required for the WFP activities was planned at \$156,220. Of this, CERF provided \$15,718 while the rest (\$140,502) was approved through the WFP Immediate Response Account.

⁵ WFP – agency specific CERF report, p.3.

The available funds were not sufficient to purchase materials that would adequately address the people's needs (in Kavango and Caprivi regions, in particular), meaning that some compromises on quality and capacity (as in the example cited concerning portable dry toilet systems – see below, lessons learned) had to be made. Such compromises on quality and capacity carry with them the potential for heightened risks of exposure to infectious diseases. It also compromises human dignity and human rights.

Conclusions from the above:

- CERF did help to catalyze rapid intervention.
- CERF was of great help in stabilizing the immediate, insecure situation.
- CERF did help in lessening the need for later, directly response-directed, funding.
- CERF helped to meet immediate needs.
- CERF was flexible enough to help meet the immediate needs.
- CERF funds helped improve timely interventions and implementation.

The CERF funding compares to other financial support as is demonstrated in the table below:

Table 1: International Donations to the Namibian Floods (as of July 9, 2009)⁶:

Donor	Value (US\$)
UN Revised Flash Appeal ⁷	1,913,330
UN Central Emergency Response Fund	1,200,000
Namibian Red Cross Society	863,834
United States Government	650,000
Government of Italy	395,257
Government of Germany	382,876
World Food Programme	156,220
International Federation of Red Cross and Red Crescent Societies (IFRC)	146,695
Government of Botswana	60,000
Government of France	52,701
UNHCR	34,000
Government of Estonia	28,664
Total	5,883,577

⁶ From the Post-Disaster Needs Assessment report prepared by the Namibian Government with support from the International Community (IC), August 2009, p. 5.

⁷ The revised flash appeal was based on the needs identified based on the preliminary results of the PDNA report for the following sectors: disaster risk reduction, health, education, HIV/AIDS, and shelter and protection.

III. Results:

Sector/ Cluster	CERF project number and title (If applicable, please provide CAP/Flash Project Code)	Amount disbursed from CERF (US\$)	Total Project Budget (US\$)	Number of Beneficiaries targeted with CERF funding	Expected Results/ Outcomes	Results and improvements for the target beneficiaries	CERF's added value to the project	Monitoring and Evaluation Mechanisms	Gender Equity
Health	Namibia RR CERF 09- WHO-20 Strengthening National Health Emergency Response	\$556,721	\$683,837	Roughly 344,000 people (including displaced people in relocation camps)	<p>Reduced illnesses and deaths among the affected population as a result of increased access to health services, provision of medical supplies and control of common health ailments.</p> <p>Improved coordination of health actions in the flood affected communities.</p>	<p>Excess morbidity and deaths were prevented by prompt management of cases through outreach.</p> <p>Improved surveillance with early detection and treatment of cases with no occurrence of disease outbreaks.</p> <p>Monitoring of disease trends provided basis for guiding preventive activities for health, water and sanitation.</p> <p>Provision of supplies of mosquito nets and diagnostic and treatment kits contributed to disease prevention and control.</p>	Early allocation of CERF funds facilitated the prompt implementation of activities.	<p>Twice weekly meeting of National Health Emergency Management Committee to assess progress of the health sector response.</p> <p>Monitoring of weekly disease trends and the flood situation.</p>	All those affected by the floods were targeted for health services.

WASH	09 CEF-023B- Namibia Supporting safe water and sanitation	WASH intervention funded from US/OFDA support \$327,110 \$56,778 spent out of original CERF allocation \$299,806.6 0 (Unspent bal of \$243,028 returned to UN OCHA	\$550,000	Total of 13,000 displaced people in camps received safe drinking water (U5 – 1,950, women 6,630) Total Sanitation 2,650; (U5 398, women 1,352) Total Hygiene promotion 14,135 (women – 7,209)	Safe water at point of use for 13,000 displaced people Adequate sanitation for 2,650 displaced people and in relocation camps; Good hygiene practices through dissemination of suitable hygiene messages and hygiene promotion	With connection of at least one water point in each relocation camp and procurement of 1,000 family water kits, 400,000 flocculent tablets and 37 water tanks with cumulative capacity of 220 cubic metres, improved quantity of water supplied to displaced populations for 16,083 persons in six affected regions 53 latrines installed benefiting 2,650 people; there was an estimated gap of 200+ latrines (especially in relocation camps in Caprivi and Kavango) which were covered by the Namibian Red Cross Society and other partners. Communications materials developed and translated in 2008 were reprinted and disseminated Training of trainers for hygiene promotion for Kavango and Caprivi regions and series of refresher training for the four North Central regions Radio spots done Hygiene promotion in relocation camps	CERF funds ensured a prompt response immediately after the needs were identified. It also supported a more detailed assessment of the needs beyond the rapid assessment	UNICEF technical staff and standby partners assessed the WASH situation in relocation camps. Participated in weekly meetings with REMUs. Supported distribution of supplies to end- users. Documented and disseminated sitreps on progress of response (bi- monthly).	Populations in relocation camps and displaced communities including school children. Approximately 67percent of beneficiaries were children under 5 years and women.
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Health	09-FPA-010 Strengthening national health emergency response	\$37,450	\$155,929	35,657 people reached; 20,709 women and girls;	<p>Camp management structures established / further improved.</p> <p>All relevant stakeholders and camp managers equipped with increased awareness of prevention of violence and abuse against women and children.</p> <p>Cases and incidences of violence reported to the law enforcement units.</p> <p>Psycho-social service provided to children, women and caregivers in relocation camps.</p> <p>Unaccompanied minors/children deprived of primary caregivers have adult supervision.</p>	<p>UNFPA participated in joint UN/Government impact assessment in the four northern regions</p> <p>UNFPA, in collaboration with the Namibia Red Cross Society recruited a national gender coordinator to provide technical backstopping to the flood emergency, especially in the areas of RH, gender and psychosocial support.;</p> <p>UNFPA procured 84 RH kits that were distributed through the MOHSS to all the 6 affected regions. The remaining RH kits were stockpiled at the health facilities in the affected regions.</p> <p>UNFPA procured 60 family tents for both the Kavango and Caprivi Regions.</p> <p>The recruited gender coordinator, in collaboration with MOHSS and Red Cross, raised awareness on RH and gender issues to the displaced persons, as well as the camp managers and Red Cross volunteers. 35,657 displaced persons were reached in the Kavango and Caprivi regions.</p> <p>There was limited outreach coverage, due to limited funds. UNFPA focused on the most affected regions, i.e. Kavango and Caprivi. With more funding UNFPA could have strengthened collaboration with more stakeholders, such as the civil society, and recruited more gender coordinators who could have provided technical support to all the affected regions, particularly in the area of gender and RH.</p>	<p>CERF funding enabled UNFPA was able to respond to the special needs of 35,657 women and girls through the provision of SRH and gender services.</p> <p>CERF funding also provided the opportunity for all stakeholders to closely collaborate and pool resources for the benefit of the affected communities.</p>	<p>The national gender coordinator deployed in the affected areas carried out weekly monitoring and supervisory visits to the camps. Monthly monitoring reports were compiled and forwarded to both UNFPA and Red Cross.</p> <p>Weekly camp management meetings were conducted to assess the situation in the camps.</p> <p>The gender coordinator also engaged with the displaced people around camp fires to solicit their views and challenges they faced.</p>	<p>More women than men were affected by the flood. Even though both men and women benefitted from the SRH and gender services provided. Women and girls had special SRH needs and UNFPA provided reproductive health and dignity kits to meet their needs.</p> <p>Camp management ensured that food distribution was done proportionate to the size of the household.</p>
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Food	09-WFP-023 Technical support to Government of Namibia Flood Emergency Food Distribution Scheme	\$15,718	\$156,220	Not available (the direct beneficiaries were government officials and community leaders, while the indirect beneficiaries were the floods affected community members, estimated at 344,000 persons)	<p>Outcome 1: Government food distribution scheme implemented with improved efficiency, reaching the intended beneficiaries with life-saving food assistance. Indicator: number of beneficiaries reached by government food distributions.</p> <p>Number of individuals reached by the government's food distribution scheme is not available at present and was one of the weakness noted during the implementation of the CERF funded activities.</p> <p>Outcome 2: Government staff capacity and local community leaders' support to successfully implement food distributions increased. Indicator: number of government staff/local community staff trained vs. planned.</p> <p>116 government staff/local community members trained vs. 110 planned</p> <p>Outcome 3: Government staff capacity and local community leaders' awareness on the importance of good beneficiary targeting with food distributions increased. Indicator: number of government staff/local community staff trained vs. planned.</p> <p>116 government staff/local community members trained vs. 105 planned</p>	The main result of the project was that 116 government staff and local community leaders were provided with practical advice to improve the implementation of the government food distribution scheme as well as training in the area of logistics and beneficiary targeting. In addition, 18 constituencies in 6 regions and the capital Windhoek received practical on the job support and troubleshooting for the implementation of the national food distribution scheme	The CERF funding allowed for quick recruitment and deployment of WFP advisers to provide essential technical support in the flood affected areas and to assist with the implementation of the life-saving national food distribution scheme.	WFP developed an activity tracking sheet in order to monitor progress made.	Government officials and local community leaders that provided technical assistance were all adults (40% female and 60% male). The number and age breakdown of indirect beneficiaries (the people receiving food assistance through the government food scheme) is not available.
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<p style="text-align: center;">Nutrition</p>	<p>09 CEF-023A-Namibia Strengthening national health emergency response</p>	<p>\$200,004</p>	<p>\$755,321</p>	<p>A camp population of 16,000 provided with appropriate health and nutrition information in flood affected communities.</p> <p>222 children with moderate to severe malnutrition identified.</p> <p>60 children with severe malnutrition receive therapeutic feeding.</p>	<p>Access to appropriate health and nutrition information in the flood affected communities.</p> <p>42 health staff drawn from 21 camps trained on IMAM</p> <p>222 children with moderate to severe malnutrition identified.</p> <p>Supplies procured: 42 scales 42 height boards 42 pack MUAC tapes; 10 electronic food scales 10 whisks 30 jugs 135 cartons of ready to use therapeutic food (Plumpy Nut) (150 sachets per carton)</p> <p>60 children with severe malnutrition treated.</p>	<p>Rapid assessment identified 8,500 moderate and severely malnourished children.</p> <p>55 nurses drawn from hospitals and health centres in the 6 affected regions trained on IMAM.</p> <p>Estimated 543 children with moderated malnutrition managed with ready to use therapeutic food (plumpy nuts) in 21 relocation camps and 6 IMAM sites.</p> <p>A post-flood nutrition survey undertaken in the 6 affected regions highlighted the impact of the flood on the nutritional status of children.</p> <p>Nutrition survey report showed a higher prevalence of chronic malnutrition (stunting) of 32.4 percent as against national average of 29 percent. Acute malnutrition (wasting) prevalence of 14.2 percent as against national average of 9.9 percent in the affected regions.</p>	<p>CERF funds ensured a prompt response immediately after needs were identified.</p> <p>CERF supported a post flood nutrition survey which highlighted the consequences of the emergency on the nutritional status of the children.</p>	<p>UNICEF technical staff and standby partners assessed the nutritional situation in relocation camps.</p> <p>Participated in weekly meetings with REMUs.</p> <p>Supported distribution of supplies to end-users.</p> <p>Documented and disseminated situation reports on progress of response (bi-monthly).</p>	<p>Populations in relocation camps and displaced communities included school children.</p> <p>Approximately 67 percent of beneficiaries were children under 5 years and women.</p>
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Shelter and Sanitation		\$155,150	\$642,000	<p>Approx. 995 children under 5</p> <p>Approx. 7,540 females</p>	<p>UN-HABITAT recruited a short-term consultant to assist in carrying out a rapid assessment, determine the type and quantity of materials needed, determine the location of the emergency facilities and design layout, agreeing on modality for delivering emergency support in collaboration with stakeholders, identifying storage facilities in the affected areas, monitoring the distribution of materials and ensuring that actual beneficiaries receive the materials, and undertake field visits to monitoring the floods.</p> <p>UN-HABITAT participated in the PDNA in the northern regions.</p> <p>UN-HABITAT procured a number of items including mobile dry toilets, solar systems, and bags of cement, etc. that officially were handed over to the Office of the Prime Minister on 8 July 2009.</p> <p>Due to limited funds and non-availability of materials, UN-HABITAT covered mostly the regions of Caprivi and Kavango</p>	<p>Through CERF, UN-HABITAT was able to reach about 13,000 displaced people by providing them with shelter kits, dry mobile toilet facilities, and solar systems. In particular, Rotary International responded swiftly and dispatched the items to the most affected areas.</p>	<p>CERF funding assisted UN-HABITAT and others to collaborate by pooling resources together for the benefit of those affected. In particular, this is referred to the Rotary International who together with UN-HABITAT provided shelter kits.</p>	<p>UN-HABITAT appointed a consultant on a temporary basis to monitor the delivery items to the affected individuals.</p> <p>UN-HABITAT attended regular briefing meetings that were coordinated by the Office of the Prime Minister and also produced monthly monitoring reports</p>	<p>As it can be seen from the figures above, more women were affected by the floods, especially due to the fact that many households are women headed in these regions. However, all benefited equally during the intervention</p>
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Annex 1: NGOS and CERF Funds Forwarded to Each Implementing NGO Partner

NGO /Partner	Sector	Project Number	Amount Forwarded (US\$)	Date Funds Forwarded
Kanuma Kommunikations, Windhoek	Communication for Development in Nutrition	09 CEF-023A-Namibia	\$20,000.00	17-06-2009
John Meinert Printers, Windhoek	Printing of communications materials	09 CEF-023A-Namibia	\$2,099.99	30-06-2009
Computer Network Development CC	Data collection and analysis of nutrition assessment	09 CEF-023A-Namibia	\$5,910.00	22-07-2009
Namibia Postal Services, Windhoek	Nutrition sector (courier of nutrition commodities)	09 CEF-023A-Namibia	\$1,768.00	01-07-2009
Ministry of Health and Social Services, Windhoek	Emergency nutrition assessment and tracking of malnourished children in flood affected regions	09 CEF-023A-Namibia	\$88,807.06	29-06-2009
Regional Emergency Management Unit, Kavango Region, Namibia	WASH Emergency Response Plan	09 CEF-023B-Namibia	\$2,880.90	30-04-2009
Regional Emergency Management Unit, Caprivi Region, Namibia	WASH Emergency Response Plan	09 CEF-023B-Namibia	\$33,011.97	21-05-2009

Annex 2: Acronyms and Abbreviations

AIDS	Acquired Immuno-Deficiency Syndrome
ART	Anti-Retroviral Therapy
ARV	Anti-Retro Viral drugs
CAP	Consolidated Appeal Process
CBO	Community-Based Organisation
CERF	Central Emergency Response Fund
CHF	Common Humanitarian Fund
DDRM	Directorate of Disaster Risk Management
DEM	Directorate of Emergency Management (the new DDRM)
DRM	Disaster and Risk Management
DRR	Disaster Risk Reduction
EPPRP	Emergency Prevention, Preparedness and Response Plan
EPR	Emergency Preparedness and Response
FBO	Faith-Based Organisation
GBV	Gender-Based Violence
GDP	Gross Domestic Product
GRN	Government of the Republic of Namibia
HBS	Home-Based Services
HIV	Human Immuno-deficiency Virus
HR	Human Rights
HRF	Humanitarian Response Fund
IC	International Community
IDSR	Integrated Disease Surveillance and Response
IMAM	Integrated Management of Acute Malnutrition
IOM	International Organisation for Migration
MIC	Middle-Income Country
MGECW	Ministry of Gender Equality and Child Welfare
MoAWF	Ministry of Agriculture, Water and Forestry
MoE	Ministry of Education
MoHSS	Ministry of Health and Social Services
MRLGHRD	Ministry of Regional and Local Government, Housing and Rural Development
MUAC	Mid Upper Arm Circumference
NGO	Non-Governmental Organisation
NPC	National Planning Commission
NRCS	Namibia Red Cross Society
OCHA	Office for the Coordination of Humanitarian Affairs
OFDA	Office of US Foreign Disaster Assistance
OPM	Office of the Prime Minister
ORC	Office of the UN Resident Coordinator
OVC	Orphans and Vulnerable Children
PDNA	Post-Disaster Needs Assessment
PLWHA	People living with HIV/AIDS
PMTCT	Prevention of mother-to-child transmission
REMU	Regional Emergency Management Unit
RH	Reproductive Health
SRH	Sexual and Reproductive Health
UN	United Nations
UNFPA	United Nations Population Fund

UN-HABITAT
UNICEF
US
WACPU
WASH
WFP
WHO

United Nations Human Settlements Programme
United Nations Children's Fund
United States
Women and Child Protection Unit
Water, Sanitation and Hygiene
World Food Programme
World Health Organization