

Strengthening adaptive capacity and resilience of individuals and communities to negative impacts of climate change, nutrition and health shocks

Progress Report

January – December 2016

UNICEF Namibia

Summary of Contributions	
Assisted Country	Namibia
Program/Project	Strengthening adaptive capacity and resilience of individuals and communities to negative impacts of climate change, nutrition and health shocks
Donors	United Kingdom Committee for UNICEF (Global Humanitarian Thematic Fund)
Grant References	SM 149910 (UK Committee – Humanitarian Thematic)
Total Contribution	US\$ 84,478.00 (GBP 55,000)
Total Programmable Amount	US\$ 84,478.00
Fund Utilized to Date	US\$ 80,335.45
Remaining Balance	US\$ 4,142.65
Duration of Contribution	1 October 2013 – 31 December 2017
Reporting Period	1 January 2016 – 31 December 2016
Date Prepared	22 March 2017

Abbreviations

APR	A Promise Renewed
C4D	Communication for Development
CDC	Centers for Disease Control and Prevention
CLTS	Community Led Total Sanitation
CIYCF	Community-based Infant and Young Child Feeding
CMAM	Community Management of Acute Malnutrition
CoW	City of Windhoek
CSO	Civil Society Organizations
CSS	Child Survival Strategy
DDRM	Directorate of Disaster Risk Management
EFSA	Emergency Food Security Assessment
FAO	Food and Agriculture Organisation
GDP	Gross Domestic Product
IEC	Information, Education and Communication
IOM	UN International Organisation of Migration
IYCF	Infant and Young Child Feeding
MAWF	Ministry of Agriculture, Water and Forestry
MCHW	Maternal and Child Health Week
MDG	Millennium Development Goals
MNP	Micronutrient Powder
MoE	Ministry of Education
MoHSS	Ministry of Health and Social Services
MMR	Maternal Mortality Ratio
MUAC	Mid-Upper Arm Circumference
NACS	Nutrition Assessment Counselling and Support
NDP	National Development Plan
NGO	Non- Government Organisation
NHIES	Namibia Household and Income Expenditure Survey
NRCS	Namibian Red Cross Society
NSA	Namibian Statistic Agency
OCHA	Organisation for Coordination of Humanitarian Assistance
OPM	Office of the Prime Minister
SBCC	Social and Behaviour Change Communication
SFH	Society for Family Health
U5MR	Under-5 mortality Rate
UNCT	United Nations Country Team
UNDP	United Nations Development Programme
UNESCO	United Nations Education, Science and Cultural Organisation
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Aid for International Development
WFP	World Food Programme
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization
WinS	WASH in Schools

Executive Summary

Despite its rapid economic development since independence, Namibia is still lagging behind in terms of sanitation and hygiene. High rates of open defecation, low sanitation coverage and poor hygiene practices remain underlying causes of diarrhoea among children again causing stunting and other forms of malnutrition. Issues with sanitation and hygiene are further exacerbated by frequent natural disasters – floods and droughts in Namibia.

In 2013, Namibia experienced its worst drought in 30 years that has persisted into 2016, causing decreased household income and food shortages, livestock losses and crop failure.

The drought emergency exemplifies the nature of shocks experienced by vulnerable groups in the northern regions of Namibia against a background of already high rates of malnutrition, newborn and maternal health challenges and poor sanitation and hygiene practices. Community and facility-based nutrition interventions have built a foundation for community preparedness and response to drought situation. Additional Water, Sanitation and Hygiene (WASH) activities strengthened the sanitation and hygiene practices of children to prevent communicable diseases during the drought.

On June 24, 2016, the President of the Republic of Namibia, H.E. Hage Geingob, officially declared a state of emergency due to the ongoing drought. UNICEF supported the Government of Namibia through the Directorate Disaster Risk Management (under the Office of the Prime Minister) to develop a costed drought preparedness and response plan. In support of the drought response plan UNICEF submitted a proposal and secured funds from USAID to address the challenges posed by the drought. The intervention aims to improve water and sanitation coverage as well as behaviour change for sanitation and hygiene practices among targeted schools and communities with impact on the health, nutrition and wellbeing of children in a humanitarian situation. The activities will support efforts to eliminate open defecation and provide humanitarian assistance through water trucking to off pipe communities affected by the current drought

With the support from the emergency humanitarian thematic fund, UNICEF Namibia was able to strengthen the Government-led response to the ongoing chronic drought situation in 2016.

In July 2016, UNICEF Namibia supported the Government to conduct a national Measles Rubella mass campaign targeting 1,859,857 people from 9 months to 39 years. A coverage of 103% was achieved (1,908,193 vaccinated). UNICEF covered key activities like communication for development, training of health personnel and supervision and vaccines were secured through Procurement Services, using government's own resources.

UNICEF Namibia was able to enter into a partnership agreement with NRCS from April 2015 until May 2016, in order to increase capacity for the delivery of community based WASH and nutrition interventions as part of a resilience building strategy for dealing with the ongoing drought situation. UNICEF Namibia will continue building the capacity of the Government as well as NRCS to plan, implement and monitor emergency health, nutrition and WASH interventions in the northern regions most affected by drought, floods and potential cholera outbreaks.

Out of programmable amount of US\$ 84,487.10, UNICEF Namibia utilised 95 per cent (US\$ 80,335.45) by the end of the reporting period from 1 January to 31 December 2016, to support implementation of nutrition and WASH interventions at community level.

Remaining funds (US\$ 4,041.65) will be well utilised in 2017 as indicated in the section 7 of this report.

1. Introduction

Despite its status of Upper Middle Income Country, the rate of malnutrition in Namibia has remained stubbornly high. Results from DHS 2013 showed a reduction of stunting by 5 percentage points over a period of 6 years (from 29 per cent in 2007 to 24 per cent in 2013) which is not sufficient to meet the national target to reduce stunting by 2 percentage points per year in under-5 children.

Namibia is a lead member of the Scaling Up Nutrition (SUN) initiative and nutrition-specific interventions under the SUN country Implementation Plan are being implemented in all 14 regions however the coverage of nutrition sensitive interventions is less comprehensive.

The percentage of improved sanitation coverage did not change between 2006 and 2013, stagnating at 34 per cent (49 percent in urban areas and 17 per cent in rural areas). Inequities in access to sanitation facilities are demonstrated by the fact that 49 per cent of households in urban areas have improved toilet facilities that are not shared, as compared to 17 per cent of households in rural areas. In addition, the open defecation rate is 72 per cent in rural areas and 19 per cent in urban areas. The open defecation in urban areas is found primarily in informal settlements, in which more than a quarter of the Namibian population now lives. Low sanitation coverage in rural areas can be attributed to the fact that Namibia prioritized water supply after achieving independence in 1990. As a result, sanitation coverage did not increase at a comparable rate to water coverage. Indeed, Namibia has achieved the MDG related to drinking water allowing 87 per cent of population to have access to improved water sources however huge disparities persist between regions and between urban and rural areas whereby urban areas have 97.5 per cent water coverage compared to 75.5 per cent in rural areas.

Namibia is susceptible to high levels of vulnerability to shocks that trigger food insecurity still exist. The country is prone to a number of natural and economic risks. These include extreme weather (such as drought and floods), human and livestock diseases, veldt fires, migratory pests and flash flooding in low lying areas. Being a structurally food deficit country with a high import-dependence, the country is prone to frequent fluctuations in staple food prices. In combination, these trends have negatively impacted on the livelihoods of vulnerable communities and reduced their resilience to cope.

Namibia suffers a big disconnect between economic and social development; strong economic growth coexists with inequalities among regions, ethnic groups and wealth quintiles. According to the 2015 Human Development Report (UNDP), Namibia is the fourth most unequal country in the world, as measured by the Gini coefficient. Such socio-economic inequalities explain the persistent disparities between access and utilisation of high impact interventions in the areas of health, nutrition, WASH, education, and birth registration for children and women. The ability of families to provide quality care and nutrition to children are deeply impacted by poverty and exacerbated by the impact of HIV and AIDS. Frequent natural disasters such as floods and droughts are creating additional burden on communities.

Drought conditions that devastated the country in 2013 have persisted till 2016. The chronic drought conditions and erratic rainfall patterns of 2016 have further exacerbated household food insecurity in Namibia by affecting crop production, livestock management and household income.

About 29 per cent of the population in Namibia are poor and 15.3 per cent are severely food poor according to Namibia Statistic Agency (NSA) 2012 report on “Poverty Dynamics in Namibia”. Poverty in the rural areas is more widespread than poverty in the urban. Expenditure on food accounts for 24 per cent of total expenditures in the urban areas while it is as high as 39 per cent in the rural areas.

Namibian Demographic and Health Survey (NDHS 2013) reported under-5 mortality rate (U5MR) of 54 per 1,000 live births, a decrease from 69 per 1,000 live births in 2006. However the decline is slow and Namibia did not meet Millennium Development Goal 4. The maternal mortality ratio (MMR) was 385 maternal deaths per 100,000 live births in NDHS 2013. This ratio is not significantly different from those reported in the previous NDHS surveys conducted in 1992, 2000, and 2006, indicating that maternal mortality has not changed in the last 25 years in Namibia. The current MMR could be a reflection of the weak quality of care during pregnancy, labour, child birth and postpartum care including the frequency of postnatal care follow ups.

On average, 24 per cent of under-5 children in the country have stunted growth (NDHS 2013) in comparison with 29 per cent reported in 2006. However this decrease was noted over a period of 7 years, which is not a sufficient rate of decrease to meet the national target of 2 percentage points per year.

One significant area of progress is on exclusive breastfeeding, where the rate has increased from 24 per cent in 2006 to 49 per cent in 2013 of which UNICEF greatly contributed through the Infant and Young Child Feeding (IYCF) programme.

About 48 per cent of under-5 children and 21 per cent of women are anaemic as reported in NDHS 2013.

Data indicates that poverty-linked movements from rural to urban areas are leading to a decline in standards in fringe informal settlements, and pose growing risks of disease, illness and outbreaks especially amongst children. There are additional risks linked to environmental and climate change factors, such as threats of diseases associated with seasonal flooding in northern Namibia, water shortages against unpredictable rainfall, and increased demands on underground aquifers and vulnerable river systems. In addition, poor sanitation poses a threat to drinking water supplies and compounds health risks to the general population and to chronic malnutrition especially among children.

2. Humanitarian Context

2.1 El Niño effects on Southern Africa

According to the Food and Nutrition Security Update for Southern Africa, Issue 4, 2015, it is estimated that nearly 29 million people are currently food insecure in southern Africa region mainly due to the carry-over effects of the past poor harvest season combined with other structural factors. Southern Africa is one of the regions facing the on-going El Niño event, the impact of which had persisted up to 2016. The El Niño is commonly associated with delayed and decreased rainfall in the region, which reduces yields and potentially pushes households to adopt negative coping strategies that may reinforce existing chronic malnutrition, which is already widespread in the region.

The possible direct impact of the El Niño would be a reduction in crop yields and livestock performance primarily due to delayed and reduced rainfall. Historical analysis shows that El Niño can reduce maize yields by up to 50-75 %. Therefore, a further significant decline in the regional cereal stock availability is expected following the El Niño season, putting further pressure on market prices. This will affect Botswana, Lesotho, Namibia, Swaziland and Zimbabwe, which are highly dependent on food imports from South Africa.

2.2 Effect of El Niño in Namibia: Recent, current and forecast situation

The Agricultural Inputs and Household Food Security Situation Report released in December 2015 confirmed the delayed onset of the rains and the persistent drought has weakened food security and that households that had food, depleted their stocks between August and October last year. The rainfall outlook up to end April 2016, expects normal to below-normal rainfall.

With respect to Namibia, the Food and Nutrition Security Update for Southern Africa, Issue 4, 2015 (produced by the Food Security and Nutrition Technical Working Group), estimated the number of the rural population who are facing food insecurity has increased from 117,662 for the period 2014/15 to 370,316 for the period 2015/16.

2.2.1 The 2015/16 Seasonal Rainfall Performance for Namibia

Namibia experienced one of its worst droughts during 2013/14, which continued into 2016. The country experienced abnormally low rainfall patterns and prolonged dry spells.

This rainfall prediction is consistent with rainfall levels during El Niño years which are usually associated with drier than normal conditions in Southern Africa and the Sahel.

2.2.2 The 2015/16 Agricultural Production Prospects

There has been a significant drop in the estimated crop production for the 2015/16 production season compared to the previous seasons.

Given the forecast impact of the El Niño, another drop in household production levels should be expected – a situation likely to put more stress on rural vulnerable households.

2.2.3 Food Availability

The vulnerability assessment further indicated that an estimated number of 370,316 people (16 per cent of the total Namibian population and 29 per cent of its rural population) are facing food insecurity and in need of urgent food support, while a total number of 578,480 people are affected by the drought.

2.2.4 Drought Preparedness and Response

On June 24, 2016, the President of the Republic of Namibia, H.E. Hage Geingob, officially declared a state of emergency due to the ongoing drought. The UN Country Team (UNCT)¹ provides coordinated support to the Government of Namibia through the Directorate Disaster Risk Management (under the Office of the Prime Minister) to develop a costed drought preparedness and response plan.

The Directorate of Disaster Risk Management (DDRM) is the lead coordinating body for the national drought response.

The DDRM convenes the relevant sectors such as agriculture, water, sanitation, health and nutrition. Respective agencies assume lead responsibility. UNICEF was recognized as the

¹ The UNCT comprises the following agencies: UNICEF, WFP, WHO, UNESCO, UNFPA, IOM, OCHA, and UNDP

lead UN agency for the nutrition and water, sanitation and hygiene (WASH) responses in 2013 and has continued in this role to date.

As a result of this declaration, the OPM provided 695,000 people with emergency food assistance in the 14 regions and 399,231 people received UNICEF support for Water, sanitation and hygiene.

UNICEF's partnership with Namibian Red Cross Society (NRCS) as an implementing agency to deliver community based nutrition and WASH activities, was established initially in 2013 to reach those communities and individuals most at risk from the effects of drought on livelihoods, health and nutrition. This partnership continued till 2016, whereby NRCS, through their extensive network of regional offices and volunteers have implemented community infant and young child feeding counselling, carried out active case finding for acute malnutrition, provided education and information about the use of improved sanitation, safe water and hygiene promotion. From April 2015 to 31 July 2016, the program implemented by NRCS with UNICEF support aimed at strengthening adaptive capacity and resilience of individuals and communities to negative impacts of climate change, nutrition and health shocks in 5 regions (Kunene, Ohangwena, Kavango, Oshikoto, and Zambezi).

In addition, UNICEF's support to the government on drought relief has been to leverage the use of community-based Health Extension Workers (HEWs) who are paid by the government of Namibia. HEWs were trained on IYCF, assessment of nutritional status of pregnant women and children under-five, and on WASH.

HEWs were crucial for the introduction of tippy-taps (handmade hand washing stands) to more than 100 households in the rural villages. During programmatic field visits in November 2016, it was reported that the introduction of tippy-taps has contributed to a reduction of diarrheal cases in the targeted households.

UNICEF Nutrition response to El Niño

The March 2016 Food and Nutrition Security Assessment identified the highest percentage of food insecure households in the regions of Kavango West (62 per cent), Zambezi (51 per cent) and Otjozondjupa (41 per cent). The assessment further revealed that although most food commodities are available in the local markets, prices are higher than in 2015. The stunting rate remains high for a middle income country with 24 per cent of children under five years affected. The high use of negative coping strategies, such as reduced food intake was identified in the Food and Nutrition Security Assessment (March 2016), plus additional cases of moderate malnutrition and increasing poor food consumption scores, are indications of a deteriorating food security situation in Namibia.

UNICEF is actively supporting the national coordination structure to ensure a multi-sectoral response to the child malnutrition, including the El Nino response:

- the Office of the Prime Minister to strengthen the coordination function of Namibia Alliance for Improved Nutrition (Government, civil society, development partners, private sector)
- Malnutrition Task Force chaired by the Permanent Secretary of the Ministry of health and Social Services which focusses specifically on malnutrition to under-5 children
- National Planning Commission's Food Security and Nutrition Policy Technical Review Committee.

Activities conducted include development of an assessment proposal to USAID on the impact of El Nino on access to health and nutrition services for people living with HIV (PLHIV), Orphans and Vulnerable Children (OVC), pregnant and breastfeeding mothers (PBF) and children under five years, training of regional disaster risk management teams and regional health units in Infant and Young Child Feeding in Emergencies delivered jointly by Directorate of Disaster Risk Management (DDRM), Directorate of Primary Health Care, UNICEF Namibia and IOM Namibia.

Members of parliament have also been sensitised on how they can contribute to the protection, promotion and support of optimal nutrition. UNICEF developed a draft of a “Nutrition Booklet for parliamentarians” to sensitize them about malnutrition issue. National regulations for the Code of Marketing of Breastmilk Substitutes were drafted and are waiting for approval.

The Community-Led Total Sanitation (CLTS) approach was introduced in 2014 and UNICEF supported the development and implementation of the communication strategy to accelerate reduction in open defecation rates.

3. Results and Achievements

Overall Results and Achievements

- 1,908,193 people from 9 months to 39 years were vaccinated during a national Measles Rubella mass campaign (coverage of 103%). UNICEF covered key activities like communication for development, training of health personnel and supervision and vaccines were secured through Procurement Services, using government's own resources.
- 141,212 under-5 children received low cost high impact child health and nutrition interventions in all 14 regions during Maternal Child Health Week 2016
- 60 people from various ministries at regional level from 4 regions (Ohangwena, Zambezi, Kavango West and East) were trained on the planning, implementation and monitoring of the CLTS approach
- 695,000 people received emergency food assistance
- 399,231 people received Water, sanitation and hygiene support from UNICEF
- 53 new school hygiene clubs were formed and support continued for 47 hygiene clubs formed by Millennium Challenge Account benefiting about 45,000 learners in 7 regions. The school clubs carried out environmental awareness in schools and communities.

Building on technical expertise, institutional experience, and existing capacities, UNICEF Namibia has been and continues to support the Government-led response through interventions in nutrition and WASH to improve access to safe water, hygiene practices, identification and treatment of acute malnutrition at community level, and support for strengthening infant and young child feeding (IYCF) practices.

UNICEF continues to support the Government of Namibia's response plans by working with line ministries and extending engagement with community structures and organisation to afford stronger support to a sustainable approach that promotes resiliency, especially as Namibia continues to face more rain shortfalls on a regular basis and other climatic events.

4. Success Factors and Constraints

The official declaration of a state of emergency due to the ongoing drought by the President of the Republic of Namibia On June 24, 2016 allowed to develop a costed drought preparedness and response plan under the leadership of DDRM and facilitated fundraising. Indeed, UNICEF submitted a proposal and secured funds from USAID to address the challenges posed by the drought. The intervention aims to improve water and sanitation coverage as well as behaviour change for sanitation and hygiene practices among targeted schools and communities with impact on the health, nutrition and wellbeing of children in a humanitarian situation. The activities will support efforts to eliminate open defecation and provide humanitarian assistance through water trucking to off pipe communities affected by the current drought

NRCS is one of the major stakeholders involved in emergency response in Namibia and through their extensive network of regional offices and volunteers, they have considerable capacity to reach women and children with key health and nutrition messages and services. Despite this network, increasing pressure to respond to external donor related visits to observe drought response activities, diverted NRCS personnel from implementing all activities according to the agreed timeline. Capacity was stretched and this resulted in some delays implementing all planned activities.

The limitations of the food and nutrition security monitoring system in Namibia and extremely low capacity within the MoHSS to manage health facility data meant that accurate quantification of incidence of acute malnutrition was not possible. It was already known and acknowledged by the MoHSS' nutrition unit that surveillance is an area requiring urgent attention. Due to a number of internal systems constraints within the MoHSS, work to improve nutrition surveillance has not been possible. To address this, WFP, WHO and UNICEF are collaborating together to support the MoHSS to strengthen the nutrition surveillance system so that any future emergencies and non-emergency routine data will be available.

5. UN Coherence and Partnership

The success of the UN to act together in a coordinated way was achieved by regular communication via meetings of emergency focal points from respective agencies throughout 2015. Updates on food security and nutrition are also standing agenda items for the monthly meetings of the UN Country Team. The Emergency Focal Points working group meets on a monthly basis and serves as a coordination mechanism through which agencies share disaster-related information, and, provides technical assistance to GRN. This forum will continue to meet regularly, enhancing its functions by working across agencies to be prepared for a range of disaster scenarios, including through the development of multi-hazard contingency plans and UN-wide standard operating procedures.

UN agencies and partners delivered a range of sector-based activities including direct implementation, technical assistance to partners and disaster-focused capacity development programs.

UNICEF played a key role in supporting the Namibian Alliance for Improved Nutrition (NAFIN), which involves working closely with USAID, Synergos, Food and Nutrition Technical Assistance III (FANTA III), academic institutions, non-government organisations and the private sector. It is through this nutrition alliance that the nutrition situation is regularly

monitored and all stakeholders are held accountable to actions taken to reduce malnutrition during emergency and non-emergency times.

6. Financial Utilization

Grant SM 149910 for 2015 supported procurement of banners, T-shirts and Hats for HEWs, and attendance to key meetings where humanitarian situation of Namibia was discussed to facilitate leverage of resources and technical support.

Table 3: Funds Utilisation Report

Funds Utilization Status (1 January 2015 to 31 December 2015) US\$	
Interventions	SM149910
1. Drought Emergency Preparedness and Response	
1.2. Nutrition Interventions	
1.2.1. Nutrition Supplies	31,762.51
1.2.2. Nutrition Technical Assistance	38,442.61
1.2.3 Travel	10,130.33
	80,335.45

Table 4: Funding Available in 2017 by Donor and Funding Type (US\$)

Namibia	Grant	Donor	Expiry Date	US\$
	Carry over of thematic humanitarian grant			
	SM149910	UK Natcom	31-12-17	\$4,041.65
Total				\$4,041.65

7. Future Activities

The upcoming activities in 2017 include;

- Support the response to upcoming flood situation and related water borne diseases
- A functioning Food Security and Nutrition Monitoring or Surveillance System, which is being jointly developed by the Directorate for Disaster Risk Management and Ministry of Health and Social Services with support from WFP, WHO and UNICEF.
- Capacity development of community volunteers to deliver homebased community infant and young child feeding counselling to mothers and caregivers.
- Continue to support community based nutrition activities and strengthen the continuum of care between household and health facility for prompt management of acute malnutrition and other forms of malnutrition.

8. Appreciation of the support

UNICEF Namibia would like to express its appreciation to the United Kingdom Committee for UNICEF for their support rendered to UNICEF Namibia to further its mandate of promoting access to health and nutrition services, safe water, proper sanitation and hygiene practices to the people in Namibia during drought emergency. The donors' rapid response to UNICEF Namibia's emergency appeal for the drought emergency situation has significantly contributed to national and local capacity to adequately respond with critical interventions such as nutrition and WASH.

To provide any feedback on this report, please use the form provided in Annex B.