

OPERATIONS UPDATE



International Federation of Red Cross and Red Crescent Societies
Fédération Internationale des Sociétés de la Croix-Rouge et du Croissant-Rouge
Federación Internacional de Sociedades de la Cruz Roja y de la Media Luna Roja
الاتحاد الدولي لجمعيات الصليب الأحمر والهلال الأحمر

NAMIBIA FLOODS

6 May 2004

The Federation's mission is to improve the lives of vulnerable people by mobilizing the power of humanity. It is the world's largest humanitarian organization and its millions of volunteers are active in over 181 countries.

In Brief

Appeal no. 09/2004; Operations Update no. 2; Period Covered: March to April 2004; Appeal coverage: 30.8% ([Click here to go directly to the attached Contributions List](#), also available on the website)

Appeal history:

- Launched on 01 April 2004 for CHF 797,000 (USD 629,201 or EUR 511,688) for five months to assist 50,000 beneficiaries.
- This Operations Update revises the budget to CHF 846,000 and reduces to 20,000 beneficiaries; [Click here to go directly to the Revised Budget Summary](#).
- Disaster Relief Emergency Funds (DREF) allocated: CHF 60,000.

Outstanding needs: CHF 585,173 (USD 460,000 or EUR 375,000)

Related Emergency or Annual Appeals:

- [Namibia 2004 Annual Appeal no. 01.16/2004](#)

Operational Summary: The [Namibia Red Cross](#) continues with its relief operations, delivering much needed assistance. More than 3,000 persons have been relocated to safer grounds. Due to recent developments, the operational objectives and budget have been revised to benefit 20,000 people. The RDRT¹ has handed over the relief operation to the Namibia Red Cross with effect from 30 April 2004 for a further month to ensure that the relocated people continue to receive all the necessary support. The Namibia Red Cross disaster officer and the Caprivi regional manager are responsible for the management and coordination of the relief operation. The relief operation will continue to provide relief items health and hygiene education, water and sanitation and malaria control.

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All International Federation assistance seeks to adhere to the [Code of Conduct](#) and is committed to the [Humanitarian Charter and Minimum Standards in Disaster Response \(SPHERE Project\)](#) in delivering assistance to the most vulnerable.

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¹ RDRT – Regional Disaster Response Team

Background

Following heavy rains during the months of February and March 2004, the Zambezi River² started rising to dangerous levels. Localised floods were reported in Botswana, Zimbabwe and Mozambique, but the greatest current concern is in the Caprivi Strip in north eastern Namibia where authorities have confirmed it is the worst floods in the area since 1958.

The water level in the Zambezi has been increasing every day, and broke the seven meter mark above normal level on Saturday 3 April, which is the highest level recorded since 1966. The water level has been fluctuating since, but there are fears that next wave of floods may come any day now, as the water levels usually peak around the end of April, which is the end of the annual rainy season. The most affected areas are the Kabbe and Katima rural constituencies, located in the low-lying areas along the Zambezi. Each constituency has a population of some 15,000 people. It has been confirmed that some 98 percent of Kabbe has been severely affected by the floods, and up to 50 percent of Katima rural, and that some 20,000 people are currently at risk. If the water level continues to rise, the constituencies of Sibinda, Linyandi and Kongola may also be threatened. Previous severe flooding in the area (May 2003) resulted in 12,000 people displaced, but already more areas have been affected now than in last year's flood.

Local authorities have already evacuated some 3,200 people to safer grounds to four evacuation points in Lusese (A and B camp), Impalila Island, Schuckmansburg, and in Kasika, but it is expected that some 5,000 people in all will be evacuated in coming days. The rescue of the people, many of whom have been stranded on small islands of higher ground submerged by the flood water, has been difficult as they are only accessible by air (helicopter), or by boat (airboat or rubber boats as the water is very shallow) The Namibia Red Cross with the support of the Federation has already distributed some 800 tents to evacuated families, and will provide shelter to all those in need.

Many schools have been affected, and authorities have decided to close at least six of the most affected school. It is hazardous for both students and teachers to remain in these places and to commute back and forth through the flood water, either by foot or by canoes. Some schools have requested tents so that teachers and students, who need to commute from the flooded areas, can be accommodated on their premises. Others have been relocated at the evacuation sites; where there is also need to shelter both teachers and students who are without their families. Tarpaulins and tents will also be used as makeshift classrooms so that there will be as little disruption in the school-year as possible.

The Caprivi district experiences some flooding at the end of the rainy season every year and, traditionally, people shift their accommodation to higher ground with their livestock during that time. However, the majority of people have been reluctant to leave their homes for higher grounds for fear of having to do without access to schools and clinics within their vicinity, and fear that their houses will be looted if they leave. Many villages have already brought their cattle to grazing areas inland, leaving women and children behind, but herders are also affected by the unusually heavy rains which prevail in the area as they have limited shelter where they stay. The floods this year have left thousands of people, mostly women and children, stranded in submerged villages and in urgent need for assistance. Water and sanitation is very poor in the region, and the affected communities mostly rely on flood water - contaminated with human and cattle excrement - for both consumption and personal hygiene.

The Caprivi region is an area with known stable perennial malaria transmission with strong seasonal increases during the months of January to April. Therefore, most of the rural adult population requiring evacuation or indirectly affected will possess some degree of semi-immunity which may not prevent fever when challenged with high levels of transmission but may not be fatal. In contrast, all children under five and pregnant women could develop deadly forms of malaria if there is no rapid access to adequate treatment. The widespread floods have caused a massive increase vector density in the flooded areas where the population remain unprotected against mosquito bites. This increase in vector density can be expected to prevail until one month after the floods have fully receded.

² The Zambezi River originates in the highlands of Angola and Zambia . It flows into Namibia's Caprivi Strip through the borders between Zambia and Zimbabwe before reaching Mozambique, emptying into the Indian Ocean.

The HIV/AIDS prevalence rate in the area is 43%. There is a significant fear that contamination of water sources may provoke an outbreak of water borne diseases and malaria, deepening the vulnerability of the people living with HIV/AIDS (PLWHAs). Authorities also fear that cholera may break out, and are monitoring the health situation carefully. It is imperative that the affected people maintain access to clean water, blankets and impregnated bednets for protection from mosquitoes. Most of the population of the area relies on subsistence farming, and chronic food insecurity prevails in the region. The floods have destroyed large parts of this year's harvest, increasing the food insecurity of the affected population.

The water level of the Zambezi River has been fluctuating for the past month, but seems to have stabilized; it is expected now to recede. Accessibility to the whole **Kabbe** constituency can only be realized by either water or air transport. Traditional canoes though still being used have become risky – and some five people were reported to have drowned after their canoe capsized. One case of death caused by crocodile was reported at Impalila Island last week, when a child attempting to gather water in the Zambezi was killed. Some villages in **Katima** rural can still be reached by land transport (4x4 vehicles) but most of the flooded areas are only accessible by air or water transport. The government is responsible for transporting all relief goods and evacuation of people to safe areas. At the time of writing this report the government has allocated two helicopters from the Zimbabwe air force, a commercial helicopter, two trucks, four speed boats, an air boat and seven 4x4 pick ups.

Operational developments

The Namibia Red Cross received CHF 60,000 from the Federation's Disaster Relief Emergency Fund (DREF). These funds enabled the national society to begin relief and assessment activities. An RDRT consisting of three members from Namibia Red Cross and one from the Baphalali Swaziland Red Cross, and supported by the Federation's regional disaster response officer and regional water and sanitation officer, has been operational on the ground since Monday 29 March. Red Cross volunteers have been mobilized and trained in beneficiary selection and registration, relief distribution techniques and code of conduct. A total of 30 home-based care facilitators from the affected areas are also providing services in the camps: care for HIV/AIDS patients, hygiene and health education and support to orphans and children made vulnerable by HIV/AIDS (OVC).

At the beginning of April the Namibia Red Cross immediately dispatched some 107 tents, 50 jerry cans and 52 mosquito nets from the national society's warehouse in Windhoek, which were distributed to relocated people and schools. A consignment from the southern Africa regional delegation disaster preparedness stock in Harare arrived in Katima Mulilo capital town of Caprivi district on 8 April. The relief goods included 500 family tents, 150 rolls of tarpaulins, 775 jerry cans, 2,000 blankets, 35 rolls of plastic sheeting and water and sanitation equipment to provide safe water to up to four evacuation sites (4 tanks, two pumps, 300m of lay flat pipe, 5 tap stands) and 20,000 water purification sachets enough for 400,000 litres safe water for those affected but not displaced in evacuation sites.

A second consignment including 2,000 blankets, 226 tents, 1,000 jerry cans, 60 sanplats³ and 3,000 bars of soap was dispatched, arriving on 19 April. Distribution is currently taking place to the 3,200 people relocated in the four designated camps. 200,000 water purification sachets have been purchased in South Africa and are en route to Caprivi. The water purification sachets will be distributed to the 20,000 affected people and will cover water requirements for a period of three.

The team has visited most of the worst affected areas by boat, helicopters or by road where it has been possible, as roads have in many places been cut off by the swollen river. The RDRT has been instrumental in organizing the evacuation sites by erecting tents, building sanitary facilities, and setting up water tanks in the largest camps in Lusese A and B. At present water is being supplied to the relocated via government water tankers which deliver water into the Red Cross water tanks. The people are disinfecting this water using the water purification sachets.

Water tankers transport water a distance of 50 km. Due to this long distance, a water supply system is planned to be constructed for the camps. The borehole source for this water system is 4 km from the camps. The Red Cross

³ SanPlat (sanitation platform) is a concrete latrine slab that can be integrated into any existing traditional latrine system.

plans to purchase a pump and engine for this borehole and water will be pumped into two tanks provided by the government and then be distributed through gravity to the taps. The distribution pipes will be partly supplied by the government and partly by the Red Cross. The regional WatSan officer is assisting local authorities to restore water sources in Impalila Island to ensure that the population has adequate access to clean water. While this is in progress people here are being provided with water purification sachets. The camp at Kasika Island had adequate water supply. Ten latrines have been constructed at the island sites of Impalila and Kasika.

In all places visited good access to adequate treatment was available with sufficient supplies of first and second line drugs. Therefore, there is no risk of increased child mortality due to malaria in the flood affected areas at the moment. Only one health centre reported a steep threefold increase in patients with fever to 935 in the month of March, a figure which was already coming down to 605 in April. The sharp increase was mainly attributed to shifting populations and the thus increased catchment areas of the health centre as opposed to a local outbreak. In other health centres the opposite trend could be observed. The ministry of health (MoH) has reallocated seven nurses from the less affected areas to the health centres to respond to the current shifts of patient load.

Health authorities have confirmed that clinics in the affected areas have stocked up on necessary medicine for the next three months, and there are plans to provide back-up services by placing more nurses on duty. Two clinics have been set up in the Lusese camps, and mobilization of mobile clinics is also being discussed. Food insecurity is chronic in the district, and the government is already engaged in food relief in the area due to drought. Part of that consignment will be used for people affected by the floods.

Findings on the demographic situation of affected areas

1. It is estimated that *Kabbe* constituency is 98 % covered by water and is the most affected.

Total population:	14,962
Number of households:	2,000 (5 people/each)
Households with safe water:	0 % (51% in normal situation)
Household without toilet facility:	96 %

2. It is estimated that 45% of *Katima* rural is flooded

Total population:	14,566
Number of households:	2,000 (5 people/each)
Households with safe water:	10 % (85% in normal situation)
Household without toilet facility	93 %

3. Other constituencies at risks are *Sibinda, Linyanti and Kongola*. These constituencies are moderately affected in terms of crop field that are submerged and are at risk of water and sanitation diseases due to contaminated water supply and limited sanitation facilities.

Total population:	30,000
Number of households	4,000 (5 people/each)

Red Cross and Red Crescent action - objectives, progress, impact

The Red Cross responded by sending an RDRT; this team has been operating on the ground since 29 March and has handed over the operations to the Namibia Red Cross. As part of regional Federation support, the regional reporting officer will be required to assist in compiling the final operational report. The stock of relief goods in the disaster preparedness warehouse in Harare and Windhoek is now depleted and need replenishing.

Emergency relief (food and basic non-food items)

Objective: Provide relief assistance in the field of health, water and sanitation and shelter to the flood affected population of 15,000 and flood displaced 5,000 population in Katima and Kabbe constituencies of Caprivi region, Namibia for up to three months

At the onset of the emergency Namibia Red Cross and the regional delegation in Harare urgently dispatched relief items to the affected area urgently which enabled immediate response to the needs of the flood victims. The early

arrival of relief items from Namibia Red Cross headquarters in Windhoek were invaluable as this enabled immediate response of shelter, water containers and cooking utensils to the affected people identified during the assessment.

Table 1: Items received at the warehouse in Caprivi and distributed to camp sites by 30 April 2004

Item	Origin	Quantity Received	Dispatched	Balance of stock
Tents	Federation-Harare regional delegation	686	579	107
	Namibia Red Cross	127	107	20
	Cymot (local supplier)	18	0	18
Totals tents		813	686	127
Blankets	Federation- Harare regional delegation	4,000	1,524	2,476
	Cymot	755	0	755
Jerry cans	Federation- Harare regional deletion	1,755	573	1,182
Mosquito nets	Namibia Red Cross	123	123	0
	Cymot	134	0	0
Water purification sachets	Federation- Harare regional delegation	129,000	49,540	79,460
Kitchen set	Namibia Red Cross	184	181	3
Tarpaulins	Federation- Harare regional delegation	145	4	141
Plastic Sheeting	Federation-Harare regional delegation	35	12	23
Soap	Federation- Harare regional delegation	3,000	1,005	1,995
SanPlates	Federation- Harare regional delegation	59	59	0
WatSan equipment	Federation- Harare regional delegation	3 X 15,000 ltr tanks 2 generator pumps and accessories 1 bladder tank	2 X 15,000 ltr tanks 2 tap stands	2 generator pumps and accessories

The RDRT with support from Red Cross volunteers concentrated in distributing these relief items and providing clean water and sanitation. The table below indicates the number of people including schools assisted as per 30 April 2004. The Namibia Red Cross team will continue to distribute the remaining relief items; the Federation will provide technical support.

Table 2: Beneficiary distribution summary as at 30 April 2004

Area	H/H	Ben.	Tent	Mosquito nets	Jerry cans	Blankets	Water purification sachets	Tarpaulin	Soap	Kitchen sets
Schuckmansberg	159	598	136	32	92	463	1,000	0	450	0
Impalila Island	107	458	111	30	30	44	20,000	2	175	76
Kasika	128	672	128	0	24	90	2,000	2	175	76
Lusese A	116	530	116	0	116	324	11,500	1	380	80
Lusese B	180	580	180	0	180	1,682	11,500	1	0	0
Schools									0	25
Ikaba Muzii- Kabbe		329* 35	14	59	102	646			380	
Totals	690	3,202	537	121	544	1,524	46,000	2	1,385	181

Water and sanitation

Objective: To provide safe drinking water, adequate latrines, hygiene materials and to promote the practice of appropriate hygiene behaviours according to SPHERE standards to 15,000 affected population and 5,000 flood displaced population for up to three months.

Progress/Achievements

- **Hygiene promotion volunteers will effectively cover target population of 20,000**
Volunteers have been carrying out health and hygiene promotions using ARCHI 2010 tool kits in all the four relocation camps reaching 3,202. Health education and environmental/vector control awareness measures were also shared with the communities
- **100 adequate latrines will be constructed at displaced sites**
A total of 45 drop-holes latrines are functional of which 37 are in Lusese A and B camps and the other at Impalila providing sanitation facilities to 1,568 people. The RDRT assisted the relocated communities of Impalila to construct temporary latrines, which are upto standard. A further 53 latrines will be constructed, being 15 more at Lusese, 20 at Schuckmansberg, 18 at Impalila. Kasika required 34 portable latrines as the water level is high and latrines cannot be constructed. The ministry of health has indicated that it will provide the needed portable latrines.
- **Emergency water supply systems providing 15 litre per capita per day of safe water will be constructed at up to four displaced sites for up to three months**
At Lusese two collapsible, 15,000-litre water tanks were erected, benefiting a population of 1,110. There is need of 16.650 litres (15 litres per person per day) to meet the requirements of the population. The collapsible tanks are filled with water drawn daily from Katima Mlilo the ministry of rural water supply. The RDRT is in a process of erecting another 15,000 litre tank at Impalila; this is temporary until the solar panel and the motor engine for the borehole are fixed to draw water that feeds the taps. At Schuckmansberg the taps which are not functional will be replaced.
- **Existing water supply systems at displaced sites will be rendered fully functioning and provide safe water**
1,000 jerry cans were distributed to affected households, as supplement to households that left their properties in the flooded areas. At Impalila replacement of the water pump and at Schuckmansberg taps will be replacement. The ministry of local government has been urged to carry out some test of water from the so called the 'sour tank' since the people are reluctant to use it in fear of the taste. The Namibia Red Cross ensures that the water supply scheme at the clinic is operational by replacing the stolen solar panels, the burnt capacitor on the solar pump panel In addition the national society aims to extend approximately 500m water distribution network to the resettlement area and erecting new tap-stands as the first priority.
- **Adequate soap and water containers for appropriate hygiene behaviour will be distributed to the displaced population for up to three months**
A total of 1,385 tablets of soap have been distributed all camps and the national society continues to monitor the supply of safe water.
- **The flood affected population will be supplied water purification chemicals for drinking water for up to three months and will be shown how to use these chemicals.**
There is a further need for water purification tablets to benefit 20,000 people, which includes the population in Kabbe. As of the end of April 46,000 water purification sachets were distributed at all camps

Impact

More and more people are resorting to use latrines instead of the bush. There is a marked reduction in the spread of water borne diseases and an increase in response to health education.

Constraints

Due to transportation problems, there occasional delays in delivering water to Lusese camp, rendering water shortages. The delays in supplying materials to construct the borehole meant to feed the taps worsen the situation. Some people are still not comfortable using latrines and even walking to collect safe water from the taps; instead, they resort to collecting water from nearby natural sources which are still a health hazard.

Health

Objective: Prevent outbreak of malaria and water related diseases, monitor and respond to health emergencies and conduct health promotion activities for the 20,000 affected and displaced population.

Progress/Achievements

- **Distribute 10,000 long lasting mosquito nets (one net for every two affected people)**
A total of 123 mosquito nets were distributed benefiting the affected in all the camps. 10,000 mosquito nets are currently under procurement for further distribution to the outstanding households.
- **Conduct health and hygiene education through radios.**
In collaboration with the MoH, the Red Cross volunteers use the Namibia broadcasting corporation, to promote health and hygiene promotion. The RDRT mobilized and provided health education to communities on awareness and malaria control with the support of the government health staff.
- **In collaboration with the ministry of health, spray all insides and outsides tents already erected with K-Othrin.**
At Lusese camp, all the tents have been sprayed and the ministry is now moving to spray tents at Impalila, Schumannsberg and Kasika.
- **Continue to liaise with ministry of health and establish emergency drug in case of malaria epidemic outbreak.**
The Namibia Red Cross had direct contribution to the control of malaria through the supply of mosquito nets and disseminating of information on preventing the spread of malaria

Impact

The intensification of health education by the volunteers in the relocation sites should help in mitigating disease outbreaks.

Constraints

Not all beneficiaries have access to radios to benefit from radio programmes on health and hygiene.

Shelter

Objective: Provide safe and adequate shelter for the 5,000 displaced population.

Progress/Achievements

- **Advocate for the population to reallocate to safe areas.**
In collaboration the government and the traditional leaders (Indunas), Namibia Red Cross has informed the community on the dangers of floods and hence the need to reallocate to safe places. The Indunas were convinced to spread the messages through the radios to the communities.
- **Identify appropriate sites and manage the evacuation sites for the displaced camps**
The regional emergency management unit (REMU) in collaboration with the traditional leaders has identified suitable land in four areas of Schumannsberg, Impalila Island, Kabbe and Lusese where evacuated people are being relocated. The reallocation sites are on upper land which is safe from flooding. The Red Cross made sure that the camp administration committees, with at least a Red Cross volunteer are established to run the camps. The administration committee is the source of information for the camps

- **Assist in the reallocation of the stranded population.**
The REMU information centre was set up for the operation receives information on stranded people from Red Cross officer operating in the flooded areas. Air and water transport provided by the government has been used to rescue people from remote areas which are not accessible by road.
- **Distribute tents, blankets and tarpaulins for shelter.**
886 tents and 1,500 blankets were distributed to displaced families and relocated school children. There is still a need for more tents as there are still people being relocated to the camps. Due to the change of the weather becoming colder, there is also a need for more blankets, recommended to having one more blanket per person.

Impact

The relocated communities are able to leave with dignity and the provision of shelter reduces exposure to unfavorable weather conditions that might lead to colds and fever.

Constraints

More tents are required due to the increasing number of relocated people ; a total of 500 tents would be needed.

Federation coordination

Coordination

The Emergency Management Unit (EMU) of the Namibia government have set up a task force who meets every evening to gather the findings and map the implemented activities. The Red Cross has been contributing and participating actively to the task force and is in charge of the management of all four camps. WFP is currently implementing its drought relief programme in the Caprivi Strip. UNICEF provides key health interventions such as measles immunization, vitamin A capsules and cold chain support. It has also appealed under the drought programme for malaria control, nutrition surveillance and health system emergency response capacity development.

National Society Capacity Building

The Namibia Red Cross has a functional office in Katima Mulilo which supports the programmes in the region. A home-based care (HBC) programme is being carried out in the Caprivi region. HBC facilitators have been involved in the operation by providing health education to the affected population. In the field of disaster management, the national society has been involved in various disaster interventions: Osire refugee camp where Namibia Red Cross distributed food and non-food items, implemented water and sanitation and preventive health activities; last year's flood relief operation. A total of 48 Namibia Red Cross volunteers were trained in 2003 in relief management giving the national society six trained RDRT members and three officers in vulnerability capacity assessment.

The RDRT worked in an integrated manner with the government officials subdivided into operation teams in the four areas. Local communities and other stakeholder's capacities in responding to and mitigating the effects of similar disasters were also enhanced. Furthermore, as part of capacity building and exposure of staff to disaster interventions, four Namibia Red Cross programme coordinators and the new national manager for communication and resource mobilization visited the affected areas.

Red Cross and Red Crescent Movement – Principles and priorities

The Red Cross has been widely recognized by the Caprivi authorities and the local population for its swift action to respond to the emergency and provide necessary leadership and assistance, and is seen as the government's most important partner in the emergency operation. The principles of the Red Cross have been effectively advocated by the RDRT team throughout the operation, and are widely recognized by the authorities.

Communications – Advocacy and Public information

During the first weeks of the disaster, the Namibia Red Cross secretary general for and the RDRT members were interviewed daily by the international media such as the BBC, Reuters, SABC, as well as the local print and electronic media. The local media has continued to run stories on the floods on a daily basis. Health warnings on

use of contaminated flood water and sanitation issues, as well as announcements of transport to evacuation sites are also run on a daily basis by the Namibia broadcasting company as most of the dislocated people have access to radios.

The needs

Immediate needs:

The floods have caused severe damage to property of communities, disrupted access to basic services, and increased vulnerability of people to diseases. Another wave of floods, expected to hit the region from the main source in Zambia, did not cause much more damage; nonetheless, there is still a need to assist the 20,000 affected people (approximately 5,000 households):

- Evacuation of the most affected to safe evacuation sites,
- Shelter
- Access to clean water
- Protection from outbreak of water borne diseases and malaria
- Basic health and hygiene education.

Longer-term needs:

As the southern Africa region suffers annual floods, the 2004 annual appeal for Namibia includes the development of disaster awareness and early warning systems as well as capacity building activities designed to improve disaster response mechanisms of the national society. Also included are training activities of the regions emergency management unit members and Red Cross volunteers in community-based disaster management. The disaster management activities in the annual appeal for Namibia have however received no funding in 2004.

The water supplies affected by the flooding will require rehabilitation. Sanitation promotion will be required to encourage flood affected to re-construct latrines. Hygiene promotion and the training of the beneficiaries in community management of water supplies will be required to enable the correct use and the sustainability of the rehabilitated water supplies and latrines. An assessment of the requirement for rehabilitation will be needed once the floods recede and then a project proposal can be designed for this intervention which will be included in a revised annual appeal for Namibia.

[The Revised Budget and Contributions List are both attached below; Click here to return to the title page.](#)

REVISED BUDGET SUMMARY

APPEAL No. 09/2004

Namibia - floods

TYPE	VALUE
RELIEF NEEDS	IN CHF
Shelter & constructions (tents, tarpaulins)	278,000
Clothing & textiles (blankets, mosquito nets)	139,000
Water and sanitation (purification tablets etc.)	180,000
Other relief supplies	15,000
TOTAL RELIEF NEEDS	612,000
<u>PROGRAMME SUPPORT</u>	
Programme support (6.5% of total)	55,000
<u>TRANSPORT STORAGE & VEHICLE COSTS</u>	
Warehouse and distributions	6,000
Vehicle costs and transport	68,000
<u>PERSONNEL</u>	
Expatriate staff	10,000
National staff	55,000
<u>ADMINISTRATIVE & GENERAL SERVICES</u>	
Travel & related expenses	6,000
Information expenses	6,000
Administrative & general expenses	28,000
TOTAL OPERATIONAL NEEDS	234,000
TOTAL APPEAL CASH, KIND, SERVICES	846,000
LESS AVAILABLE RESOURCES (-)	260,827
NET REQUEST	585,173

Namibia - floods

ANNEX 1

APPEAL No. 09/2004

PLEDGES RECEIVED

29/04/2004

DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
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CASH

REQUESTED IN APPEAL CHF ----->					846,000		TOTAL COVERAGE 30.8%
BRITISH - RC		57,000	GBP	133,238	08.04.04		
JAPANESE - RC		20,800	USD	26,489	09.04.04		
SWEDISH - RC		600,000	SEK	101,100	07.04.04		
SUB/TOTAL RECEIVED IN CASH				260,827	CHF		30.8%

KIND AND SERVICES (INCLUDING PERSONNEL)

DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
Note: due to systems upgrades in process, contributions in kind and services may be incomplete.						
SUB/TOTAL RECEIVED IN KIND/SERVICES				0	CHF	0.0%

ADDITIONAL TO APPEAL BUDGET

DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
SUB/TOTAL RECEIVED				0	CHF	