Operations update

International Federation of Red Cross and Red Crescent Societies

Namibia: Floods

Emergency appeal n° MDRNA004
GLIDE FL-2009-000062-NAM
Operations update n° 4
02 June 2009

Period covered by this Ops Update:
7 May to 22 May 2009;

Appeal target (current): CHF 2,121,518 (USD 1,878,181 or EUR 1,403,594).

Appeal coverage: 66%

<or here to link to contact details >

Appeal history: The Emergency Appeal was initially launched on 25 March 2009 for CHF 1,494,980 (USD 1.3 million or EUR 979,849) for six months to assist 20,000 beneficiaries or 4,000 households. The appeal budget was revised to CHF 1,569,797 (USD 1,376,399 or EUR 1,033,080) in the first operations update.

Dissemination of information using drama and dance in Caprivi, Namibia

Disaster Relief Emergency Fund (DREF): An initial amount of CHF 146,695 was allocated from the International Federation of Red Cross and Red Crescent Societies' (IFRC's) DREF to support Namibia Red Cross Society`s (NRCS') response. A second amount of CHF 129,000 was allocated from the DREF to the help kick start the provision of immediate sanitation services to approximately 13,000 displaced people living in 31 relocation camps.

Summary: The NRCS delivered assistance to people affected by the worst floods in decades in six regions of northern Namibia: the Caprivi Strip and the Kavango, Omusati, Oshana, Ohangwena and Oshikoto regions. As the water levels subsided and previously inaccessible areas became reachable, new information was gathered. The number of affected persons has risen to 700,000 from the 550,000 reported a few weeks ago. NRCS reports that 54,581 people were displaced, approximately 23,959 were in 64 relocation camps and there were 92 reported deaths. The Caprivi region was the worst affected by the floods. The situation in the Kavango and the four northern central regions has slowly stabilized.

In early April, NRCS requested the IFRC's support with the deployment of a light version of a Mass Sanitation Module (MSM20) emergency response unit (ERU) to improve the water and sanitation (WatSan) conditions in the 31 pre-existing relocation camps in the Caprivi and Kavango regions. Specifically, the National Society expressed concern at the scarcity of sanitation facilities in the camps, the poor hygienic practices and crowdedness in the relocation camps, which are conducive to disease outbreaks. These circumstances together coupled with heavy rains and overflowing contaminated water from collapsed water sources, required rapid intervention to prevent water-borne diseases in the camps.

The light MSM20 ERU was deployed to Namibia on 25 April 2009. This update highlights the work of the NRCS and the light MSM20 ERU in the area of sanitation, hygiene promotion and the strengthening of the National Society's capacity in these areas.

The situation

Torrential rains that began in February 2009, increased water levels in the Cuvelai basin and the Chobe, Zambezi and Kavango rivers, which were also fed by rains originating in Angola and Zambia. The resulting floods were reported as being the worst in decades. The impact of the 2009 floods has been cumulative, with more devastation and human suffering due to the prolonged nature of the disaster. The floods further damaged public infrastructure, including roads and bridges that were still being repaired from the 2008 floods, thereby significantly reducing the affected population's access to health facilities, schools and market places.

Floods-affected displaced people in a relocation camp in Caprivi, Namibia

A UN Disaster and Coordination (UNDAC) assessment report published on 5 April 2009 highlighted the devastation caused by the floods in the six affected regions. The assessment report stressed the emergency needs in the areas of shelter, health care, and the provision of safe water and sanitation services as amongst the most pressing. The UNDAC team also reported the lack of appropriate sanitation conditions in all of the camps, but particularly in Caprivi, the worst affected region, and consequently where the majority of camps were established.

The Human Poverty Index ranked the Caprivi Strip as the poorest region in the country.[1] People living in this region have a low survival rate, with approximately 53.7 percent of the population likely to die before the age of 40.

The rapid spread of HIV and AIDS has been identified as a major factor in the shortened expected lifespan. Namibia has one of the highest HIV prevalence rates in the world, estimated in 2008 at 15.8 percent of the adult population. The cumulative effect of the 2008/2009 flooding, combined with the low levels of resilience, appears to have increased levels of vulnerability, especially for the large proportion of the population affected by HIV and AIDS.

The four person MSM20 ERU was deployed in the Caprivi and Kavango regions to construct large numbers of latrines and bathing shelters and to improve hygiene promotion rapidly, in order to lower the risk of epidemic outbreaks of water-borne diseases and to improve the health conditions for displaced people staying in the camps. The MSM20 ERU, led by the British Red Cross and receiving human resource and financial contributions from the Spanish, Irish and Swedish Red Cross Societies, as well as additional DREF funds from the IFRC, is expected to work with the NRCS for two months, with possible completion in June 2009.

The first rotation of the MSM20 ERU arrived in Namibia on 25 April 2009, and completed its mission on 25 May 2009. The second rotation of the ERU is already in country and targeting 2,685 families (11,967 beneficiaries) in 14 relocation camps in Caprivi and Kavango. The number of displaced persons in the camps has increased from previous situation reports from the NRCS and the MSM20 ERU.

The numbers reported are issued by the government, yet NRCS and ERU members express concern about their validly, as the numbers have proven difficult to confirm. A regional disaster response team (RDRT) delegate coordinates the NRCS relief operation in Caprivi, and works closely with the government's Regional Emergency Management Unit (REMU) to ensure the proper synchronization of activities.

National Society Capacity Building:
Considering the frequent occurrence of natural disasters, particularly in the north-eastern part of the country, NRCS has acquired a well-established capacity in emergency preparedness and response.

[1] Regional Poverty profile 2004, UNDAC Assessment Report, 5 April 2009.

The staff and volunteers of NRCS work directly with the members of the MSM20 ERU, both in the sanitation aspect of building latrines and bathing shelters and in the hygiene promotion sector.

Staff and volunteers have learnt to conduct rapid assessments of the hygiene practices of camp residents, prepared a baseline survey to monitor and evaluate the hygiene situation, and developed health and hygiene promotion messages incorporating drama and other participatory ways of reaching communities. The partnership between the MSM20 ERU team and the NRCS staff and volunteers will benefit the National Society's expertise in water and sanitation and will assist the National Society in being better prepared for future natural disasters.

NRCS staff and volunteers develop health and hygiene promotion messages

Red Cross and Red Crescent action

NRCS continued to target families living in relocation camps in Caprivi and Kavango with the relief distribution of non-food items, emergency shelter, water and sanitation and emergency health care. All the camps in the northern central region have been closed and people have moved back to their homes. Below is the number of relief items distributed in Caprivi and Kavango regions.

No of Beneficiaries	Tarpaulins	Tents	Plastic sheeting	Tools In shelter kit	Water purification sachets	Jerry cans	Soap	Kitchen Sets	Mosquito Nets	Blankets
26,995	**5,684**	**112**	**447**	**1,447**	**259,100**	**2,983**	**10,227**	**4,698**	**10,760**	**10,346**

The light MSM20 ERU, together with the NRCS staff and volunteers, have put together a detailed plan of action, a baseline survey protocol and a training programme in hygiene promotion in order to achieve their WatSan objectives.

Water, sanitation and hygiene promotion	
Objective: The risk of water-borne and water-related diseases is reduced through the provision of safe water, adequate sanitation and hygiene promotion to 4,000 families in the Caprivi and Kavango regions.	
Expected results	**Activities planned**
Safe water provided to 4,000 families displaced by floods.	• Distribute 1,000,000 water purification powder sachets. • Distribute 8,000 water storage facilities (i.e. jerry cans) to 4,000 households.
Appropriate sanitation, including excreta disposal, solid waste disposal and drainage, provided to 4,000 families	• Assist in the construction of 500 latrines (in relocation camps). • Assist with the construction of 235 temporary bathing shelters (in relocation camps). • Assist with vector control and prevention measures. • Assist in waste disposal measures.
The health status of the population improved through hygiene promotion activities and behaviour change.	• Train 150 community-based volunteers on hygiene promotion. • Conduct hygiene education and health promotion campaigns within the affected population focusing on behaviour change and targeting a total of 4,000 households in the affected regions. • Provide information, education and communication (IEC) material on hygiene promotion (printed materials such as posters and flyers, manuals, educational materials, etc).

Progress:

Sanitation: The data processing and analysis of the baseline survey was completed and allowed the MSM20 ERU and the NRCS team to closely monitor and improve the sanitation and hygiene promotion aspects of the camps. The baseline survey shows where the gaps are, such as in building access to latrines and bathing shelters for disabled persons, or constructing latrines closer to living quarters to prevent putting women at risk. The baseline survey is also used as a monitoring and evaluation tool to assess changes in sanitation/hygiene conditions.

The building of latrines at relocation camps

The Impalila, Kasika, Mbalasinte and Schukmansburg camps, which can only be reached by helicopter or from Botswana and Zambia, have been targeted to receive services. At Impalila and Kasika, the construction of plastic sanitary platforms (SanPlats) for toilets on a concrete base foundation with a timber and plastic superstructure has been effective. The new MSM20 ERU team will be targeting Mbalasinte, which remains a challenge due to the difficulty in transporting materials. At Schukmansburg the rehabilitation of 24 latrines and the cleaning of 24 more at the adjacent school and public facilities were completed.

The team has used hygiene promotion not only as a means to improve the health conditions in camps and to promote hygienic behaviour when people return to their homes, but also to improve community cohesion and participation in the camps, which leads to improved overall camp conditions. Although cleaning materials were distributed in 12 camps, more cleaning materials are needed for the remaining camps, as well as the monitoring of latrines/bathing shelters to ensure that they are kept clean.

To date, the MSM20 ERU and the NRCS team have constructed/rehabilitated 201 latrines and 28 bathing shelters. The need for sanitation information and IEC materials on the management of water at household level, diarrhoea prevention, malaria prevention methods, and the alternative treatment of water has been raised and will be addressed.

Hygiene Promotion:
The first phase of the hygiene promotion training programme for volunteers was concluded on 14 May 2009. In total, 72 community members and Red Cross volunteers were trained from 13 different camps. The objectives of the workshop were:

- To enable participants to acquire knowledge, skills and practical skills in the use of participatory methodology;
- To impart knowledge to participants that would enable them to manage the camps effectively in terms of water and sanitation; and;
- To enable participants to plan, monitor and evaluate hygiene promotion activities in the camps.

Social mobilization and hygiene promotion campaigns

Some of the participants faced difficulties due to inaccessible roads, language barriers and differing cultural practices from various communities.

Social mobilization campaigns using drama performances and display of banners have been enacted in 14 camps with the objective of raising hygiene awareness and promoting the use of latrines and other facilities installed in the camps. Approximately 5,000 people have attended these drama performances. The ERU hygiene promoter has followed-up on the monitoring systems in nine camps. The first MSM20 ERU recommend that the second ERU focus on incorporating peer education, as well as school masters and other influential community leaders in the hygiene promotion trainings. This would ensure that knowledge is shared on multiple levels. The first MSM20 ERU also recommended holding hygiene competitions between camps. As soon as the minimum standards are met in Caprivi camps, the Kavango region needs to be assessed and targeted.

Challenges:

- Coordination with other partners working in WatSan is required in order to learn and improve on our service delivery. In addition there is need to consider sanitation facilities for the disabled and the elderly.
- Government figures on the number of displaced in camps are variable; this makes planning difficult.
- Some areas are still inaccessible by road. The helicopter that is used to visit the four camps inaccessible by road sometimes has no fuel. This delays service delivery to those relocation camps.

How we work

All International Federation assistance seeks to adhere to the Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief and is committed to the Humanitarian Charter and Minimum Standards in Disaster Response (Sphere) in delivering assistance to the most vulnerable.

The International Federation's activities are aligned with its Global Agenda, which sets out four broad goals to meet the Federation's mission to "improve the lives of vulnerable people by mobilizing the power of humanity".

Global Agenda Goals:

- Reduce the numbers of deaths, injuries and impact from disasters.
- Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.
- Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability.
- Reduce intolerance, discrimination and social exclusion and promote respect for diversity and human dignity.

Contact information

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