

# ***NAMIBIA: ANGOLAN REFUGEES***

*22 February, 2000*

*appeal no. 36/99; launched on December 30, 1999 for 6 months  
situation report no. 3  
period covered: 21 January - 10 February, 2000*

*The conflict in southern Angola continues to cause insecurity in the Angola and Namibia border area, provoking a reduced but still significant influx of refugees seeking protection and assistance in Namibia. This Situation Report focuses on the initial work and findings of the Federation's Regional Disaster Response Team which, in support of the Namibia Red Cross Society (NRCS), is now deployed and actively expanding the National Society capacity.*

## ***The context***

The renewed conflict between the Angolan Government Army (FAA) and UNITA forces resulted in an influx of over 8,000 refugees from southern Angola to northern Namibia. The influx began in early December, 1999, and taking into account the existing refugee caseload as well as the expectation that a significant number of refugees will continue to seek safety from the ongoing military action in Angola, the Federation launched an appeal to provide for an eventual refugee caseload of 12,000.

The newly arrived refugees established temporary shelters in the Namibian border town of Rundu, and were initially accommodated and registered at a transit centre 65 kms from Rundu before being transported to the Osire refugee camp, located 671 kms from Rundu and 250 kms from Windhoek, the Namibian capital. With the fighting continuing, the possibility of repatriation remains remote.

The influx of refugees placed an additional burden on Government resources, already strained by a pre-existing refugee population. In consultation with the Government and UNHCR, a Federation Regional Disaster Response Team was deployed to support the Namibia Red Cross (NRC) in providing humanitarian assistance to refugees in Osire camp. Care and maintenance assistance is being provided in shelter, non-food items, health, water, sanitation, social services, and tracing. Given the uncertainty of the situation and the potential for a further influx of refugees, the programme is also intended to support NRC capacity building efforts as well as updating of contingency plans.

## ***Latest events***

The influx has decreased recently to an estimated 100-130 per week. At the moment there are about 73 refugees at Eenhana transit centre in Ohangwena Region, while 400 refugees are located at the Kasava transit centre in Rundu. New fighting has been reported in Santa Cara area of southern Angola, near Namibia's Ohangwena Region. Security incidents continue to occur along the border area, and most expatriates have been evacuated. Following the Government-sponsored re-registration exercise, the camp population (as at 7 February, 2000) now stands at 8,140 refugees.

## ***Red Cross/Red Crescent action***

The Federation's Regional Response Team, consisting of a Relief Coordinator, Health Coordinator, and Water/Sanitation Coordinator, and two NRCS Water/Sanitation Technicians, has now commenced work in the areas of sanitation, shelter and health education.

The Ministry of Health's Regional Directorate will make a team of health officials available on a standby basis for deployment when needed. The provision of more staff at the clinic was discussed to supplement the current staff of two nurses. The Health Directorate remains responsible for the curative health services while the Red Cross team will work on preventative health programmes. The Health Directorate assisted the Red Cross team by seconding one of its members of staff to work with the Namibia Red Cross as a counterpart to the Federation Health Coordinator.

The ECHO representative, during a visit to the camp, requested the Federation and the NRCS to prepare a proposal to extend water supplies to relieve the pressure on the existing water demand. Water is currently being rationed, and the three boreholes equipped with hand pumps are equally congested.

The Water/Sanitation team, working in collaboration with church, school and community leaders, undertook a campaign to encourage the refugee community to build family latrines rather than communal latrines, and encouraged participation in latrine construction. The team is working with the full participation of the refugee community, and has accomplished the following:

- Provision of tent shelters for 299 households;
- Identified sites for 127 pit latrines, of which 27 pits have been dug and lined while the rest are still in construction;
- 1,000 construction blocks formed;
- Initiated planning for a geophysical survey to identify sites for drilling water boreholes.

In the health sector, data related to morbidity and mortality patterns as well as environmental health and hygiene conditions in the camp has been gathered to aid planning and prioritisation of health interventions. Data was collected from the clinic records as well as the District Ministry of Health, while detailed information on environmental conditions was collected with the help of refugee volunteers. The table below reflects conditions related to morbidity patterns of diseases in 1999 for the under-5 and above-5 age group:

<b>Under 5 years old</b>	<b>Number</b>	<b>%</b>	<b>Above 5 years old</b>	<b>Number</b>	<b>%</b>
Acute Respiratory Infections	902	28%	Acute Respiratory Infections	1,251	18%
Diarrhoea without blood	773	24%	Musculo - skeletal/Neuro	1,161	16%
Ear, Nose, Throat & Mouth	435	13%	ENT & Mouth	75	10.9 %
Skin disease	291	9%	Skin disease	595	8.7%
Eye disease	223	6.9%	Diarrhoea without blood	376	5.5%

Malnutrition in the under-5 age group is considered a major problem by the refugee community, with a total of 412 malnourished children were registered by one Red Cross volunteer. During the two week period of January 23 - February 6, a total of 5 deaths (1 adult and 4 children aged under 5 years of age)

were recorded. The extension to the health clinic facility is underway, and will be operational in the next two weeks. The extension will serve as a maternity unit, office accommodation, and storage. A team of Red Cross volunteers (from the refugee community) has been identified and will be instrumental in the health education and family latrine construction programmes. The team will also take advantage of volunteers in the community-based health care programme, acting as home visitors.

## ***Outstanding needs***

Cash contributions are urgently required. The need for additional delegates is being assessed, and this information will be communicated to PNSs once discussions have been concluded.

## ***Contributions***

See Annex 1 for details.

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