

DREF operation update



International Federation
of Red Cross and Red Crescent Societies

Namibia: Floods

DREF operation n° MDRNA005
GLIDE n° FL-2010-000077-NAM
10 June, 2010

The International Federation's Disaster Relief Emergency Fund (DREF) is a source of un-earmarked money created by the Federation in 1985 to ensure that immediate financial support is available for Red Cross and Red Crescent response to emergencies. The DREF is a vital part of the International Federation's disaster response system and increases the ability of national societies to respond to disasters.

Period covered by this update:
16 April to 31 May, 2010.

CHF 156,697 (USD 148,831 or EUR 156,697) was provided from the International Federation of Red Cross and Red Crescent (IFRC)'s Disaster Relief Emergency Fund (DREF) to support the Namibia Red Cross in delivering immediate assistance to some 15,000 beneficiaries.

Summary: Namibia experienced extensive flooding at the beginning of 2010, which saw the water levels in the Zambezi River rising and reaching a maximum of 7.37m. Although the water level was relatively lower than 2009's highest of 7.85m, the subsequent flooding was more devastating. This was the second highest level on record. The Namibia Red Cross



Flooded homesteads in Namibia

Society (NRCS) conducted initial assessments to identify the needs of the affected communities. With the support from the Government of Namibia, NRCS' relocated affected communities, distributed relief items as well providing safe water and sanitation facilities to the families at the relocation centres. Red Cross volunteers were mobilised from the surrounding communities and deployed to assist the affected families with relief distribution, hygiene promotion and health education.

Throughout the operation, NRCS continued assessing the humanitarian situation that helped its branches to provide the appropriate relief assistance. Prior to the disaster, NRCS had established local regional branches in order to enhance disaster preparedness. The branch capacity building was supported by the IFRC's Institutional Capacity Building Fund (ICBF) and funding support channelled through the regional [Zambezi River Basin Initiative](#) (ZRBI) programme. The new branch offices were at the centre of coordinating and carrying out the distribution of relief items as well as the assessments.

This operation is expected to be implemented over three months, and will therefore be completed by June 2010, a Final Report will be made available three months after the end of the operation (i.e. September, 2010). Depending on the situation the implementation maybe extended.

The major donors to the DREF are the Irish, Italian, Netherlands and Norwegian governments, and ECHO. Details of all donors can be found on

<http://www.ifrc.org/what/disasters/responding/drs/tools/dref/donors.asp>

<click here to view contact details>

The situation

The Caprivi region, particularly Kabbe and Katima rural constituencies traversed by the Zambezi and Chobe Rivers experienced high level water flows arising from Zambia's river streams. The rising water levels led into severe flooding in the northern parts of Namibia. The year 2010 was the third consecutive year in which the Caprivi Region experienced devastating flooding. In addition, the same communities are repeatedly affected by the floods, which cause extensive damage to infrastructure, field crops and livestock. After the flooding disasters, the family are usually faced with a food insecurity situation.

It is estimated that over 30,000 people in Oshana, 50,000 in Caprivi and 30,000 in Kavango regions are affected by the floods. The most affected communities were mainly in Caprivi and Kavango regions. A total of 23,800 people were moved to higher level ground in the relocation camps established by the government in the three most affected regions. During the reporting period, 17,109, 5,533 and 1,140 people were moved to relation camps in Caprivi, Kavango and Oshana regions respectively. Below is a table with updated figures of people in the three relocation camps as at 13 April, 2010.

By the end of May the situation in Oshana had stabilized and communities had started moving back to their respective homes. In this region, the only people still in need of relief assistance were from the informal settlement in Oshakati.

Table 1: Distribution of communities relocated into camps as at 13 April 2010

Region	Constituency	Relocation camp	Total beneficiaries
Caprivi	Kabbe	Schuckmansburg	3,605
		Sifuha	231
		Kabbe	746
		Kabbe camp B	474
		Impalila	1,586
		Mbalasinte	565
		Kasika	715
		Lusese camp A	1026
		Lusese camp B	321
		Lusese camp C	475
		Nsudwa School	175
		Muzii School	321
		Impalila School	408
		Nakabolelwa	404
		Kalimbeza	492
	Katima Rural	Sabelo	474
		Libula	378
		Lisikili	537
		Bukalo camp	381
		Likunganelo	119
		Imukusi	529
		Namalubi A	229
		Namalubi B	321
		Kapolota	179
		Nfooma	357
		Saili	243
		Sikanjabuka	152
		Ngwasu	273
		Lunchindo/Mabuku	290
		Isuswa	308
		Maratziberg	73
		Sikuzwe camp	722
Total			17,109
Kavango	Rundu Urban	Sarusungu	83
	Mukwe	Mukwe	3,570
	Rundu Rural	Rundu Rural West	1,373
		Ndiyona	507
Total			5,533
Oshana	Oshakati	Oshakati	1,140
Total			1,140
Grand Total			23,782

Red Cross and Red Crescent action

NRCS is targeting 3,000 families (15,000 people) in the Caprivi, Kavango and Oshana regions. The National Society was well positioned to ensure prompt response to the flood disaster as a result of preparing its branch structures. The branches managed to carry out the initial assessment and identified the needs of the affected communities, which were translated into response actions.

Through the needs assessment, NRCS found out that the need for water and sanitation facilities was critical particularly at the relocation camps. Consequently, NRCS partnered with the government and IFRC water and sanitation department to ensure adequate provision of water and sanitation. Volunteers trained on community-based health and First Aid (CBHFA) were also deployed to the relocation camps where they closely worked with the Ministry of Health and Social Services to assess the health situation.

The IFRC DREF allocation was used to cover cost in procurement and distribution of relief items, training of volunteers, community-based hygiene promotion, construction of latrines and general camp management and the deployment of technical support. The IFRC Southern Africa Regional technical departments including disaster management, health and care, performance and accountability, communication and logistics provided the relevant technical support as requested by the National Society.

Progress towards objectives

Relief distributions (food and basic non-food items))	
Objective: 3,000 flood affected households are provided with appropriate non-food relief items. Distributions are carried out according to assessment and selection criteria that identify actual needs and vulnerable groups, and are based on careful registration and a system/process that controls and monitors, and record the movement of such goods.	
Expected results	Activities planned
Relief items distributed to 3,000 households in the three affected regions for a period of three months	<ul style="list-style-type: none"> Conducting joint rapid emergency needs and capacity assessments in Oshana, Kavango and Caprivi regions. Distributing 1,200 blankets, 1,500 mosquito nets (government will donate an extra 4,500), 3,000 soaps and 2,000 hygiene kits- to the relocated school kids and lactating mothers. (this includes some of the prepositioned stocks) Providing technical and financial support in logistics, warehousing, and distribution and controlling supply movements. Monitoring and evaluating the relief activities and providing reports of relief distributions.

Progress and impact:

Table 2: Relief items distributed to relocation centres by region

Relief items distributed	REGION		Total
	Caprivi	Kavango	
Tarpaulins	1,725	72	1,797
Mosquito nets	5,032	1,264	6,296
Bars of soap	9,532	-	9,532
Water makers	179,236	13,500	192,736
Tents	41	108	149
Blankets	1,868	598	2,466
Jerry cans	937	440	1,377

As shown on table 2 above, the relief distribution was carried out in Caprivi and Okavango Region, whilst none was carried in Oshana because most of the affected families moved back to their homesteads quickly. The most affected Caprivi region had the highest number of distributed items due to the increased needs. The affected families particularly welcomed the blankets as they alleviated the effects of the cold winter.

Challenges:

Due to the magnitude of the floods in both Caprivi and Kavango Regions, the number of displaced families was much higher than in the previous disasters. The need of shelter was significantly increased.

Water, sanitation, and hygiene promotion

Objective: The risk of waterborne and water related diseases has been reduced through the provision of safe water, adequate sanitation as well as hygiene promotion to 3,000 families in Oshana, Kavango and Caprivi for 3 months.

Expected results	Activities planned
<ul style="list-style-type: none"> Safe water is provided to families displaced by floods Appropriate sanitation, including excreta disposal, solid waste disposal and drainage, is provided to 3,000 families for three months. The health status of the population is improved through hygiene promotion activities and behaviour change. 	<ul style="list-style-type: none"> Distribution of water purification powder to 3,000 households (30 sachets per household for 3 months). Distribution of household level water storage (i.e. jerry cans) to 500 households. Assisting with construction of 50 temporary latrines and bathing shelters. Training 100 community-based volunteers on health and hygiene promotion using the PHAST methodology. Carryout community training on use of water treatment chemicals. Conducting hygiene and health promotion campaign within the affected communities focusing on behaviour change. Providing information, education and communication (IEC) material on hygiene promotion (printed materials (posters, flyers, etc), manuals, educational materials, etc).

Progress and impact:

The NRCS volunteers trained on water and sanitation activities, hygiene promotion, and PHAST were deployed to help in the specific sectors. The Emergency Response Unit provided further training on hygiene promotion activities, as a refresher course for the volunteers trained in 2009. The efforts of the volunteers were complemented by Ministry of Health and Social Services staff members, who were deployed to the affected regions. Whilst the government assisted with the delivery of water, NRCS led the construction of 167 pit latrines, of which 61 were in use and 39 showers as shown in Table 2 below.

Table 3: Water and sanitation facilities constructed in the relocation centres by region

Water and sanitation facilities constructed	Region			Total
	Caprivi	Kavango	Oshana	
Pit latrines constructed	157	10	-	167
Pit latrines in use	47	10	4	61
Showers constructed	30	7	2	39

Challenges:

The major challenge is the slow construction of new pit latrines to meet the Sphere standards in all the camps. As shown in the table 3 above, most of the pit latrines were not in use at the time of reporting as these had been constructed on sites where people were yet to be relocated. The other challenge was the increasing need to build new pit latrines to meet the demand from the relocation camps that were still being established.

Emergency shelter

Objective: 3,000 most vulnerable flood-affected families in Namibia are living in a safe and healthy environment within the first three months of the beginning of the operation.

Expected results	Activities planned
3,000 targeted displaced households are provided with shelter material and are living with dignity.	<ul style="list-style-type: none"> Distribution of 1,500 tarpaulins and tents to the affected families.

Progress and impact:

So far, the NRCS has provided a total of 1,797 tarpaulins, 149 tents and 74 black sheets of 6m each (from the prepositioned stock) to the affected population. These were used to erect temporary shelters at relocation camps. The tarpaulins were distributed to those camps where shelter was still a challenge.

The NRCS staff and volunteers were actively involved in the management of the camp and maintenance of pit latrines, water points and bathing shelters. NRCS also trained camp managers on camp management. It is also important to note that the registration process in the camps had improved during the period.

Challenges:

Shelter was still a challenge at this stage in both the Kavango and Caprivi Regions. The other aggravating fact to the shelter need is that both these regions were still experiencing heavy rains which were unusual for the time of the year.

Emergency health

Objective: : To reduce health risks, morbidity and mortality as a result of the emergency on the affected population through the provision of health promotion, preventive, community-level and PHC services to households in affected regions for three months.

Expected results	Activities planned
<ul style="list-style-type: none"> • Reduction of mortality and morbidity of beneficiaries as a result of (the emergency) are prevented and health services are supported through a primary health care oriented programme. • The scope and quality of the NS involved in health and care services are improved. 	<ul style="list-style-type: none"> • Train 100 community-based volunteers on health promotion as well as hang up/keep up. • Sustain health promotion campaigns within the affected population focusing on malaria and water-borne diseases targeting 3,000 households in affected areas. • Support and provide printed and other materials to be used in the health promotion campaign (such as posters, flyers, manuals, educational materials, etc). • 100 volunteers are trained in the CBHFA approach thus improving the capacity of NRCS to deal with the issues surrounding this emergency whilst ensuring that prevention is emphasized in order to prevent subsequent outbreaks by engaging in proactive health education in affected communities focusing on personal hygiene, water chlorination, sanitation, malaria prevention etc.

Progress and impact:

Volunteers trained in CBHFA were deployed to all the camps to carry out community mobilisation and sensitization on emergency health issues. Given the needs for increased efforts in preventing the disease outbreaks, NRCS has plans to train more volunteers on health education in emergencies and gender-based violence issues with the support of UNFP, WHO, the Ministry of Health and Social Services and the Ministry of Gender and Child Welfare. The training will help strengthen capacity of NRCS to respond to this emergency, whilst ensuring that prevention is emphasised in order to prevent disease outbreaks by engaging in proactive health education in affected communities focusing on personal hygiene, water chlorination, sanitation, malaria prevention etc.

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

For further information specifically related to this operation please contact:

- **In Namibia:** Dorkas Kapembe-Haiduwa, Secretary General; Tel: +264.61.235.225; Email secgen@redcross.org.na
- **In IFRC Southern Africa Region:** Ken Odur, Regional Representative, Johannesburg, Email: ken.odur@ifrc.org, Tel: +27.11.303.9700, Fax: + 27.11.884.3809; +27.11.884.0230
- **In IFRC Southern Africa Region:** Farid Aiywar, Disaster Management Coordinator, Johannesburg, Email: farid.iyar@ifrc.org; Tel: +27.11.303.9700, Fax: + 27.11.884.0230.
- **In Geneva:** Christine South, Operations Coordinator for Southern Africa region; Tel: +41 22 730 4529; fax: +41 22 730 0395; email: Christine.South@ifrc.org

For performance and accountability enquiries:

- **In IFRC Southern Africa Region:** Theresa Takavarasha; Performance and Accountability Manager, Johannesburg; Email terrie.takavarasha@ifrc.org; Phone: Tel: +27.11.303.9700; Mobile: +27.83.413.3061; Fax: +27.11.884.3809; +27.11.884.0230

For mobilization of relief items and Logistics inquiries:

- **Regional Logistic Unit in Dubai;** Peter Gleniste; Regional Logistics Coordinator;
- Email: peter.gleniste@ifrc.org; Phone: Tel: +971.4883.3887

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