

ANNUAL REPORT



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

May 2002

This Annual Report is intended for reporting on the Federation's Annual Appeals only.

Appeal No. 01.23/2001

Appeal Target: CHF 1,645,000 (USD 1,013,808 or EUR 1,125,214)

Operational Developments

The Osire camp was established in 1999 following an influx of refugees who fled during the civil war in Angola. The ongoing conflict and continuing deterioration of Angola's humanitarian situation, in which almost half the population was internally displaced and beyond the reach of health and social services, led many Angolans to cross the border into Namibia to seek refuge.

The Namibia Red Cross (NRCS) was asked by UNHCR to assist with the refugee operation in Osire camp, with the support of the International Federation of Red Cross and Red Crescent societies. The UNHCR revised and extended its appeal and in June 2000, concluded a tripartite agreement with the Namibia Red Cross and the Federation as the main implementing partners for the Osire refugee camp. During the reporting period, the security situation remained tense with several attacks reported on villages along the northern border. By mid-year, the camp which was situated approximately 200 kilometres north-east of the capital Windhoek, held approximately 20,000 beneficiaries. An estimated 95 per cent of the refugees were Angolans while the remaining 5 per cent was comprised of people from 10 other regions, some as far afield as west Africa.

The NRCS, with Federation assistance, was the main implementing partner and was involved in the following sectors: water and sanitation, shelter, logistics, food distribution, preventive health, community services, agro-forestry and general camp management. The distribution of food and non-food items was carried out in accordance with the SPHERE minimum standards to the extent that this was feasible. It was extremely difficult to obtain timely and continuous funding for this operation, which received an approximate appeal coverage of only 25 per cent.

The year 2001 saw the scaling down and the complete phase out of Federation support for the refugee operation in Namibia. The Federation's programme coordinator finished his assignment in September 2001. By the end of the year, the NRCS had also pulled out of the operation so that the society could focus on other priority issues, such as HIV/AIDS. In tandem with the Federation, the NRCS established an exit strategy to ensure that their joint departures would not affect the refugee community.

Objectives, Achievements and Constraints

Disaster Response

Objective 1 To provide humanitarian relief assistance for all refugees in the Osire camp.

Achievements

An appeal was launched in late 2000 for Sfr 1,645,097 for relief assistance for refugees at the Osire camp, through the provision of food and non-food items, health, water and sanitation services, and general camp management. Funds from the appeal were also used to strengthen the capacity of NRCS staff and volunteers in order to meet SPHERE standards in the provision of services and to constitute a resource base for the national society. In addition to the activities cited in the appeal, the NRCS also coordinated and implemented education for the refugee community, based on the Namibian curriculum. The Osire primary school held 4,500 pupils.

The NRCS also took a leading role in the fight against soil erosion through the replanting of trees (mainly eucalyptus and fruit trees) in the camp. The project was initiated in February and raised awareness in the refugee community about the importance of replanting trees.

The NRCS' logistics unit managed food and non-food distributions and ware housing; guaranteed the security and management of supplies and provided inventories to all partners. The unit maintained complete records of warehouse stocks, in line with standard requirements of the World Food Programme. A logistics officer and six other national staff were in charge of the unit, aided by 120 volunteers trained in the distribution of food and non-food items.

Food distribution figures were sometimes inconsistent owing to a constant influx of refugees entering from different points throughout the country, and the fact that some beneficiaries used the cards of people no longer living in the camp.

Non-food items were distributed daily. A total of 60,000 pieces of clothes was provided for 17,000 refugees, with an average of five items per person. Other non-food items distributed to new arrivals included pots, stoves, mattresses and blankets, while cooking fuels were distributed monthly.

As implementing partner, the NRCS provided tents and shelter construction materials to the refugees. Purchases of tents and materials were funded by the UNHCR. Most of the tents were given to new arrivals, and some went to refugees who had lost theirs either in fires or in heavy storms and winds. Permanent housing structures were constructed, using local suppliers, while the UNHCR supplied cement, roofing, nails, roofing poles, iron sheets and timber. The materials were provided to target beneficiaries identified by the watsan team and the refugee camp's committee. A total of 3,000 refugees received building materials but supplies were insufficient for an additional 300 people. Those without shelter were housed in temporary accommodation until the camp authorities received other construction materials or tents.

Health and Care

Objective 1 To provide access to health services for all refugees at the Osire camp in accordance with SPHERE minimum standards.

Achievements

Activities to achieve the objective mentioned above included the provision of qualified health personnel, registered with the Namibia Nursing Board, and staff and volunteers to operate the Osire health clinic.

At the clinic the NRCS provided in- and out-patient departments, reproductive health care, and mother and child care. Community based first aid and health education were also provided to all refugees.

Community health activities were successfully implemented and issues such as malnutrition in and around the camp were addressed by the introduction of a nutrition programme which involved the planting of fruit trees and vegetable gardens and the setting up of food distribution centres for children in and around the camp.

Health education sessions on basic hygiene principles and on immunisation also contributed to the improved health standards of both the refugee population and the local community living close to the camp.

The NRCS operated the Osire clinic in conjunction with the Ministry of Health (MoH). The health delivery system at Osire camp was of an exceptionally high standard. Many fatalities were avoided by the speedy transfer to the hospital of patients needing emergency assistance. Ante- and post-natal care continued, albeit on a limited basis, owing to the lack of space at the clinic. A total of 10 nurses were employed at the clinic, and their salaries were paid either by the UNHCR or by NRCS/IFRC. The NRCS seconded its national health coordinator, based in Windhoek, to the Osire camp. The MoH was responsible for curative health while the NRCS took over preventive health. To implement preventive health activities, the NRCS employed 40 health workers with the requisite nursing backgrounds and experience, who had qualified in their countries of origin.

Health education was a very strong component of the operation in the Osire camp and consisted of health education sessions and house visits. The health education component complemented that of water and sanitation, thus preventing the outbreak of epidemics. The diseases that occurred most frequently in the camp were malaria, diarrhoea, hepatitis, tuberculosis, malnutrition, sexually transmitted diseases (STDs), and measles. Health activities contributed to better health in the refugee population, by providing them with preventive as well as curative measures.

Technical support was not needed from the regional delegation in Harare during the reporting period, so the health delegate there visited only in connection with the assessment mission to establish an exit strategy, or the future direction for a new partnership between UNHCR and the NRCS. (See section on Coordination)

In May 2001, health activities at the camp were taken over by Africa Humanitarian Action (AHA), as recommended by UNHCR. In July, the AHA officially assumed the management and administration of the Osire clinic. All staff based at the clinic, including the ambulance driver, were officially assigned to AHA. The NRCS ambulance remained the property of the Red Cross but was used by AHA to transport patients to the hospital.

Objective 2 To ensure that adequate supplies of potable water were available to all refugees in the Osire camp, and that they had access to sanitary facilities, in accordance with SPHERE minimum standards.

Achievements

Activities to achieve the above included operating and maintaining a safe water system for the Osire camp with a minimum of 15 litres of water per person per day in accordance with SPHERE standards; providing staff for the operation of the safe water management system installed in and around the camp, and conducting tests and treatment for the reticulated water system when necessary.

The water component of the operation was very successful and managed to produce 20 litres of water or more per person per day. Unfortunately, sanitation facilities were inadequate, mainly due to funding limitations. Nevertheless, through health education coupled with the improvement in water supplies, no epidemics occurred during the reporting period.

In all, 37 boreholes were drilled at the camp by the NRCS and the Federation. The camp was therefore able to provide sufficient water to the refugees, over and above SPHERE standards.

Six women and two men were employed as water maintenance operators to repair the boreholes and water points throughout the camp. The team received training in the maintenance and chlorination of boreholes, pump repair and replacement, and water testing. A total of 180 community volunteers were trained in water management and conservation measures.

In contrast, sanitation became a problem. A total of 600 family latrines were built; however this number proved insufficient and a lack of funds prohibited the construction of more latrines. Latrine coverage fell drastically from 92 per cent to 58 per cent (June 2001). After consultation with all those involved in the refugee operation, the water supply was chlorinated to avoid any risk of latrines polluting underground sources.

Organizational Development

Objective 1 To build up the national society's institutional capacity and management

Achievements

During the camp operations, Federation delegates from the regional office in Harare and the programme coordinator based in Namibia helped to build up the national society's institutional capacity and management. National society staff based at the camp and those at the Windhoek office honed their skills in the management of human resources, project monitoring and evaluation, planning and implementation of relief projects and information systems. By year's end, the finance department had a full complement of staff with the necessary financial skills. An annual audit by PriceWaterhouseCoopers also reported favourably on the NRCS. The refugee operation contributed to the building of the national society's capacity since less technical support was needed from the regional office in Harare. The operation also gave the NRCS increased media coverage and raised its profile as an important humanitarian player in the country.

Conclusion

In 2000 the NRCS embarked on a tripartite agreement with the Federation and with UNHCR, whereas in 2001, UNHCR and the national society began a bilateral partnership. The Federation focused more on the areas funded by the regional appeal for the southern Africa region, but it nevertheless continued to provide technical support to the national society from Harare.

The Federation placed a programme coordinator in Namibia to assist the national programme coordinator, but after the NRCS decided to withdraw from the operation at the end of 2001, the coordinator's assignment came to an end in September. The finance and administration delegate also ended her mission at mid-year. Due to the difficulties in securing timely funding for the operation on an ongoing basis, the Federation led an assessment mission in November to review the ways in which the NRCS could best withdraw from the refugee operation without jeopardizing the situation of the refugees or the involvement of other organisations. Discussions also dealt with a new form of partnership between the UNHCR and the NRCS, if a withdrawal did not take place.

At the end of 2001, the NRCS did indeed decide to withdraw from the operation, after having first ensured that the emergency phase was over. The society needed to channel its efforts towards other

priorities that had hitherto been neglected owing to the time and resources devoted to the refugee operation.

Throughout the operation, cooperation with key partners - the Ministry of Health and Social Services, the Ministry of Home Affairs, the Directorate of Forestry in Grootfontein and Otjiwarongo - was excellent. Coordination was also good with the American, Belgium, Canadian, English, German, Scandinavian and Spanish embassies.

Overall, the Red Cross's relief operation at the Osire camp was an unqualified success. The water and sanitation team ensured that facilities provided were up to standard, the planting of fruit trees and vegetable gardens helped to alleviate the problem of malnutrition in and around the camp, while the promotion of basic hygiene principles further improved the health of the refugees. The distribution of food and non-food items and the provision of shelter were timely and efficient.

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All International Federation Operations seek to adhere to the Code of Conduct and are committed to the Humanitarian Charter and Minimum Standards in Disaster Response (SPHERE Project) in delivering assistance to the most vulnerable.

For support to or for further information concerning Federation operations in this or other countries, please access the Federation website at <http://www.ifrc.org>.

This operation sought to administer to the immediate requirements of the victims of this disaster. Subsequent operations to promote sustainable development or long-term capacity building will require additional support, and these programmes are outlined on the Federation's website.

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INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES

Interim report	
Annual report	X
Final report	

Appeal No & title: 01.23/2001 Namibia
Period: year 2001
Project(s): NA506
Currency: CHF

I - CONSOLIDATED INCOME 2001, CASH, KIND, SERVICES

FUNDING	CASH		KIND & SERVICES		TOTAL INCOME
	Contributions	Reallocations	Goods/Services	Personnel	
Appeal budget	1,645,097				
less Cash brought forward	39,032				
TOTAL ASSISTANCE SOUGHT	1,606,065				
<u>Contributions from Donors</u>					
American Government (DGUS)	346,300				346,300
Belgian Government via Belgian R.C	71,417				71,417
Donor - Unidentified (D000)	1,389				1,389
German Govt.via German Red Cross	17,195				17,195
German Red Cross (DNDE)	7,990				7,990
Namibia Private donors (DPNA)	1,354				1,354
Netherlands Red Cross (DNNL)	12,244				12,244
 TOTAL	 457,888				 457,888

II - Balance of funds

Opening balance	39,032
CASH INCOME Rcv'd	457,888
CASH EXPENDITURE	-485,440

CASH BALANCE	11,480

Appeal No & title: 01.23/2001 Namibia

Period: year 2001

Project(s): NA506

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III - Budget analysis / Breakdown of expenditures

Description	Appeal Budget	CASH Expenditures	KIND & SERVICES		TOTAL Expenditures	Variance
			Goods/services	Personnel		
<u>SUPPLIES</u>						
Shelter & Construction	488,210	18,460			18,460	469,750
Clothing & Textiles	80,000					80,000
Food/Seeds		52			52	-52
Water	33,000	-144			-144	33,144
Medical & First Aid	71,000	17			17	70,983
Teaching materials						
Utensils & Tools	3,000	2,382			2,382	618
Other relief supplies	1,200	2,718			2,718	-1,518
Sub-Total	676,410	23,484			23,484	652,926
<u>CAPITAL EXPENSES</u>						
Land & Buildings	30,000					30,000
Vehicles	600					600
Computers & Telecom equip.	34,953					34,953
Medical equipment						
Other capital expenditures	12,200	1,231			1,231	10,969
Sub-Total	77,753	1,231			1,231	76,522
<u>TRANSPORT & STORAGE</u>						
	95,293	91,399			91,399	3,894
Sub-Total	95,293	91,399			91,399	3,894
<u>PERSONNEL</u>						
Personnel (delegates)	215,730	76,884			76,884	138,846
Personnel (local staff)	316,750	134,856			134,856	181,894
Training						
Sub-Total	532,480	211,740			211,740	320,740
<u>GENERAL & ADMINISTRATION</u>						
Assessment/Monitoring/experts	4,000	531			531	3,469
Travel & related expenses	36,200	11,566			11,566	24,634
Information expenses	2,200	146			146	2,054
Administrative expenses	39,800	36,162			36,162	3,638
External workshops & Seminars						
Sub-Total	82,200	48,404			48,404	33,796
<u>PROGRAMME SUPPORT</u>						
Programme management	110,929	33,649			33,649	77,279
Technical services	33,206	10,075			10,075	23,132
Professional services	36,825	11,176			11,176	25,649
Sub-Total	180,961	54,900			54,900	126,060
Operational provisions		54,281			54,281	-54,281
Transfers to National Societies						
TOTAL BUDGET	1,645,097	485,440			485,440	1,159,657

Consumption rate: Expenditures versus income 106%
Expenditures versus budget 30%