

## COUNTRY STRATEGIC PLAN REVISION

### REVISION – FOR APPROVAL

#### Namibia Country Strategic Plan (CSP) 2017-2022, Revision 4

	Current	Change	Revised
Duration	July 2017-June 2022	No Change	July 2017-June 2022
<b>Beneficiaries</b>	<b>74 432</b>	<b>304 908</b>	<b>379 340</b>
<b>Total Cost (USD)</b>	<b>13 563 279</b>	<b>10 212 002</b>	<b>23 775 281</b>
Transfer	10 405 495	8 114 383	18 519 878
Implementation	1 996 606	688 262	2 684 868
Direct Support Costs	329 575	787 931	1 117 505
Sub-total	12 731 675	9 590 576	22 322 251
Indirect Support Costs (6.5 percent)	831 604	621 427	1 453 031

Gender and age marker code: 2A\*

\* <http://gender.manuals.wfp.org/en/gender-toolkit/gender-in-programming/gender-and-age-marker/>.

## WFP Namibia Country Strategic Plan, Revision 4

### RATIONALE

1. Namibia is experiencing one of its worst droughts in the last 35 years. In May 2019, the Government of Namibia declared a State of Emergency and issued a *Drought Disaster Appeal for Assistance*. In June 2019, the Namibia Vulnerability Assessment Committee (NamVAC) reported that 290,000 people were spending more than 75 percent of their income on food and in urgent need of humanitarian assistance. Preliminary results from an ongoing vulnerability assessment suggest that these numbers are increasing in response to rapidly deteriorating drought conditions.
2. Widespread hunger resulting from the drought could negatively impact people living with human immunodeficiency virus (HIV) in Namibia.<sup>1</sup> There is growing evidence that strongly links malnutrition to poor treatment outcomes for HIV-positive patients on antiretroviral therapy (ART). According to a study conducted in Namibia in 2014, food insecurity reduces ART adherence and is associated with incomplete viral load suppression and low CD4 cell counts.<sup>2</sup> The June 2019 NamVAC report confirmed that inadequate intake of food is a major factor contributing to ART clients' non-adherence to treatment in Namibia. Given extensive crop failure, ART clients are having to prioritize purchasing of food, leaving less money for transportation to pick up their antiretroviral medication.
3. Food insecurity has also been found to increase gender-based violence and force people to engage in risky sexual behaviours, such as transactional sex, which in turn makes them more vulnerable to HIV infection.
4. Namibia has nearly reached the UNAIDS targets of diagnosing 90 percent of all HIV-positive persons, providing antiretroviral therapy to 90 percent of those diagnosed, and achieving viral suppression for 90 percent of those treated. Unfortunately, the current drought can potentially reverse these improvements.
5. WFP seeks to support the Government in preventing the drought from undoing the impressive developmental gains achieved through previous HIV investments and responses in Namibia. WFP will implement a targeted food assistance programme that will reach ART clients and their household members in drought-affected areas. There is urgent need to provide food assistance to people living with HIV on antiretroviral therapy, to prevent further deterioration of food insecurity and ensure they continue to adhere to treatment.

### CHANGES

#### Strategic orientation:

6. This fourth revision to the Namibia CSP will expand WFP's emergency response (Activity 5) under Strategic Outcome 3, given the severity of the ongoing drought. It will enable WFP to include support to ART clients and their households from December 2019 to May 2020.

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<sup>1</sup> In 2018, 200,000 people were estimated to be living with HIV in Namibia (UNAIDS Country Factsheet).

<sup>2</sup> Hong, S. Y. et al. (2014). Household food insecurity associated with antiretroviral therapy adherence among HIV-infected patients in Windhoek, Namibia. *Journal of Acquired Immune Deficiency Syndromes*, 67(4), pp.115–122.

7. Previous budget revisions to this CSP include:

- Revision 1, which was technical and accounted for the organization-wide reduction in the indirect support cost rate from 7 percent to 6.5 percent.
- Revision 2, which added the service delivery modality to Activity 2 to channel in-kind donations of wheat and oil for the national school feeding programme and included technical support to the Government of Namibia to strengthen national capacity in supply chain management.
- Revision 3 was prompted by the increasing levels of food insecurity and introduced WFP emergency food assistance to 74,000 beneficiaries in the two regions most severely affected by the current drought, Kavango East and Kavango West.

*Targeting approach*

8. WFP will provide food transfers to nearly 305,000 beneficiaries in eight of the regions with the highest HIV prevalence and food insecurity<sup>3</sup> to maintain and strengthen adherence to ART treatment during the drought period. Each ART client targeted (102,000 in total) will receive food assistance for two household members also. This approach draws from similar programmes implemented by WFP in Lesotho, Eswatini and Zimbabwe during the El Nino-induced drought in 2017, which demonstrated that food provided to additional household members reduced ration sharing and shortened ART clients' nutritional recovery.

*Transfer modalities*

9. WFP will provide each beneficiary with a food basket comprising of 222 g maize meal, 37 g split peas and 12 g vegetable oil, representing 1042 kcal per person per day.

*Partnerships*

10. WFP will work with the Ministry of Health and Social Services (MoHSS) and cooperating partners to register and distribute food to ART clients in the eight target regions. Every effort will be made to ensure that the distribution points are close to the health centres to minimize long distances, time and transport costs for ART clients and their household members.
11. To increase project awareness and uptake, WFP cooperating partners will conduct sensitization campaigns at all health facilities in the selected regions. Health workers will also be targeted to ensure that eligible ART clients are informed and referred to the project. In addition, general nutrition messages will be developed for people living with HIV on antiretroviral therapy, pregnant and breastfeeding women and household members at health facility and distribution points. Education messages will include information on the importance of adherence to treatment, especially targeting adolescents and youth who have low ART adherence rates. Information on nutrition and health practices for people living with HIV, infant and young child feeding, water, sanitation and hygiene and on the nutritional needs of pregnant and breastfeeding women will also be shared during distributions. WFP will work with partners to ensure nutrition messages shared with beneficiaries are consistent, including MoHSS, UNICEF, WHO and FAO.

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<sup>3</sup> These regions are Kavango East, Kavango West, Kunene, Omaheke, Oshana, Omusati, Oshikoto and Zambezi, and were selected based on results from the June 2019 NamVAC report.

### Country office capacity

12. WFP programme and supply chain staff will ensure strong field presence, coordination support, close monitoring of distributions, as well as full complementarity of assistance with Government and other stakeholders. These staff will support WFP's work with Government at the national and regional levels and coordinate the work of cooperating partners.

### Supply chain

13. WFP will ensure that the delivery and distribution mechanisms for this intervention align with the existing government supply-chain systems and food distribution networks to avoid creation of parallel structures. WFP will be responsible for procurement and transportation of food commodities to either the extended delivery points (warehouses in the region) and/or to the final distribution points. A cooperating partner will be contracted to conduct the food distributions.
14. Owing to the drought, local food prices have increased significantly. The price of food in the national strategic grain reserve, for instance, is over four times the price of grain in the region. WFP will therefore prioritise purchase of food commodities from neighbouring countries through regional procurement.

### Protection and accountability to affected populations

15. WFP is committed to ensuring that ART clients and their families receive food entitlements in a safe environment and that they are served with dignity and utmost integrity. WFP will disseminate key information for this intervention through existing local clinics and health workers who provide community services and support to ART clients. This will include information on food entitlements, duration of assistance, timing and location of distributions, as well as on the rights of ART clients, prevention of sexual exploitation and abuse, and how to provide feedback on the intervention. Distribution points will be established in areas closest to most clients to prevent them from having to walk long distances to collect their food or from traveling in darkness. To uphold confidentiality of ART clients and prevent stigmatisation or other protection risks, the list of clients will be managed by cooperating partners experienced in working with the target population and who understand the particular challenges they face.
16. Complaint and suggestion boxes will be placed at the clinics where the ART clients go to receive their medication on a monthly basis, as well as at the food distribution points so that they can share concerns regarding the intervention. They will also be encouraged to provide their views of the programme to the health workers at the clinics who will record and share complaints with cooperating partners. Cooperating partners will in turn consolidate this information and submit it to WFP. Additional feedback will be gathered through WFP monitoring during distributions and third party monitoring following distributions (process and outcome-level monitoring). Issues raised will be addressed and feedback used to adjust the intervention and inform future programmes. Actions taken will be communicated to ART clients as appropriate.

### Management of operational risks

17. Stigma seems to have been largely overcome in Namibia following years of campaigns, sensitization and HIV/AIDS education. However, WFP will remain vigilant to avoid creating circumstances that could lead to the stigmatisation of ART clients or their exposure to any other protection risks through this intervention. Organisations supporting the ART clients and

engaged by WFP to implement food distributions will ensure that information related to the target population remains confidential. WFP and cooperating partners will synchronise the distributions for ART clients with those of the government relief food distribution through joint planning with local authorities to prevent differentiation of people living with HIV.

18. WFP will prepare a comprehensive communication strategy that will be shared with cooperating partners and Government outlining information on the timing, length and operational plan for this intervention to manage expectations, prevent misunderstandings or conflict, and ensure strong collaboration and synergies with the government relief programme. WFP and cooperating partners will meet relevant government officials at regional, constituency and village levels to explain the nature of this intervention and advocate for support from the local leadership. Reporting and accountability mechanisms will ensure timely and effective sharing of information, with detailed reports channelled to the Ministry of Health and Social Services and more general reports submitted to the Office of the Prime Minister.

*Beneficiary analysis*

TABLE 1: DIRECT BENEFICIARIES BY STRATEGIC OUTCOME, ACTIVITY & MODALITY								
Strategic Outcome	Activity	Period	Modality	Women (18+ years)	Men (18+ years)	Girls (0-18 years)	Boys (0-18 years)	Total
3	5	Current	<i>Food</i>	13 199	11 705	10 598	9 398	44 900
			<i>CBT</i>	8 682	7 699	6 970	6 181	29 532
		Increase	<i>Food</i>	89 633	79 486	71 969	63 820	304 908
			<i>CBT</i>	–	–	–	–	–
		Revised	<i>Food</i>	102 832	91 191	82 567	73 218	349 808
			<i>CBT</i>	8 682	7 699	6 970	6 181	29 532
<b>TOTAL</b> <i>(without overlap)</i>		Current	<i>Food</i>	13 199	11 705	10 598	9 398	44 900
			<i>CBT</i>	8 682	7 699	6 970	6 181	29 532
		Increase	<i>Food</i>	89 633	79 486	71 969	63 820	304 908
			<i>CBT</i>	–	–	–	–	–
		Revised	<i>Food</i>	102 832	91 191	82 567	73 218	349 808
			<i>CBT</i>	8 682	7 699	6 970	6 181	29 532
			<i>All modalities</i>	111 514	98 890	89 537	79 399	379 340

## Transfers

<b>TABLE 2: FOOD RATION (g/person/day) or CASH-BASED TRANSFER VALUE (USD/person/day) BY STRATEGIC OUTCOME AND ACTIVITY</b>			
<b>Strategic outcome</b>	<b>SO 3: Targeted food insecure households affected by climatic shocks in Namibia benefit from enhanced access to adequate food and nutrition during and in the aftermath of crises.</b>		
<b>Activity</b>	Activity 5: Provide food assistance to vulnerable people affected by shocks.		
<b>Beneficiary type</b>	General distribution for severely food insecure people		Support for ART clients and household members
<b>Modality</b>	CBTs	Food	Food
Cereals	–	383	222
Pulses	–	60	37
Oil	–	21	12
Salt	–	5	–
total kcal/day	1804	1804	1042
% kcal from protein	–	9.2	6
Cash-based transfers (USD/person/day)	0.48	–	–
Number of feeding days per year	180	180	156

<b>TABLE 3: TOTAL FOOD/CASH-BASED TRANSFER REQUIREMENTS &amp; VALUE</b>						
Food type / cash-based transfer	Current Budget		Increase		Revised Budget	
	Total (MT)	Total (USD)	Total (MT)	Total (USD)	Total (MT)	Total (USD)
CEREALS	3 095	900 763	10 560	3 537 105	13 655	4 437 869
PULSES	485	460 674	1 760	1 448 422	2 245	1 909 096
OILS & FATS	170	117 787	5 71	396 867	741	514 654
SALT	40	3 435	–	–	40	3 435
<b>Total (FOOD)</b>	<b>3 790</b>	<b>1 482 659</b>	<b>12 890</b>	<b>5 382 394</b>	<b>16 871</b>	<b>6 865 053</b>
CBT TRANSFER VALUE	–	2 551 565	–	–	–	2 551 565
<b>TOTAL (Food and CBT value - USD)</b>	<b>3 790</b>	<b>4 034 224</b>	<b>12 890</b>	<b>5 382 394</b>	<b>16 871</b>	<b>9 416 618</b>

## COST BREAKDOWN

19. Given the expansion of operations under Strategic Outcome 3, direct support costs (DSC) will increase to cover additional staff needed to manage food distributions, vehicle costs for travel to distribution sites, and storage facilities.

<b>TABLE 4: COST BREAKDOWN OF THE REVISION ONLY (USD)</b>				
<b>Strategic Results/ SDG Targets</b>	<b>SR 1 – Everyone has access to food (SDG Target 2.1)</b>		<b>SR 5 – Capacity strengthening (SDG Target 17.9)</b>	<b>TOTAL</b>
<b>Strategic Outcome</b>	<b>1</b>	<b>3</b>	<b>2</b>	
<b>Focus Area</b>	<b>Root Causes</b>	<b>Crisis Response</b>	<b>Resilience Building</b>	
<b>Transfer</b>	0	8 114 383	0	
<b>Implementation</b>	0	688 262	0	<b>688 262</b>
<b>Direct Support Costs</b>				<b>787 931</b>
<b>Sub-total</b>				<b>9 590 576</b>
<b>Indirect Support Costs (6.5%)</b>				<b>621 427</b>
<b>TOTAL</b>				<b>10 212 002</b>

<b>TABLE 5: OVERALL CSP COST BREAKDOWN, AFTER REVISION (USD)</b>				
<b>Strategic Results/ SDG Targets</b>	<b>SR 1 – Everyone has access to food (SDG Target 2.1)</b>		<b>SR 5 – Capacity strengthening (SDG Target 17.9)</b>	<b>TOTAL</b>
<b>Strategic Outcome</b>	<b>1</b>	<b>3</b>	<b>2</b>	
<b>Focus Area</b>	<b>Root Causes</b>	<b>Crisis Response</b>	<b>Resilience Building</b>	
<b>Transfer</b>	3 531 940	13 581 521	1 406 417	
<b>Implementation</b>	880 461	1 120 417	683 990	<b>2 684 868</b>
<b>Direct Support Costs</b>	215 345	789 373	112 788	<b>1 117 505</b>
<b>Sub-total</b>	4 627 746	15 491 310	2 203 195	<b>22 322 251</b>
<b>Indirect Support Costs (6.5%)</b>	301 762	1 006 935	144 334	<b>1 453 031</b>
<b>TOTAL</b>	<b>4 929 508</b>	<b>16 498 245</b>	<b>2 347 528</b>	<b>23 775 281</b>

## ANNEX 1: Revised Line of Sight

The Namibia CSP line of sight has not been amended through this revision.

