

LIVELIHOODS AND FOOD, NUTRITION SECURITY MONITORING ASSESSMENT REPORT

MONITORING FOR OCTOBER 2018 - APRIL 2019



Office of the Prime Minister
Directorate Disaster Risk
Management

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NAMIBIA LIVELIHOODS AND FOOD, NUTRITION SECURITY MONITORING ASSESSMENT REPORT

With little rain received in the previous rainy season, all crop producing regions have experienced a poor harvest. This harvest is said to be the lowest in previous 5 year average. The country's resilience building is still to be realized as little is done at community and household levels. This threatens the sustainability of food secure nation.

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The Namibia Vulnerability Assessment Committee (NAMVAC)

The NAMVAC is led by the Disaster Risk Management Directorate with technical support from the SADC Regional Vulnerability Assessment Technical Assistance Team and the World Food Programme (WFP). The NAMVAC consist of the following members.

- Office of the Prime Minister**
- Ministry of Agriculture, Water and Forestry**
- Namibia Statistics Agency**
- Ministry of Health and Social Services**
- Ministry of Poverty Eradication**
- Ministry of Gender and Child Welfare**
- Ministry of Urban and Rural Development**
 - All Regional Councils**
 - All Local Authorities**

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LIST OF ACRONYMS

CARI	Consolidated Approach for Reporting Indicators of Food Security
DDRM	Directorate Disaster Risk Management
EFSA	Emergency Food Security Assessment
FAO	Food and Agriculture Organisation
LA	Local Authorities
MAM	Moderate Acute Malnutrition
MGECW	Ministry of Gender Equality and Child Welfare
MURD	Ministry of Urban and Rural Development
MAWF	Ministry of Agriculture, Water and Forestry
MUAC	Mid-Upper Arm Circumference
NAB	Namibia Agronomic Board
NAMVAC	Namibia Vulnerability Assessment Committee
NAMWATER	Namibia Water Corporation Limited
NFNSMS	Namibia Food and Nutrition Security and Monitoring System
NGO	Non-Governmental Organisation
NRCS	Namibia Red Cross Society
NDRMP	Namibia Disaster Risk Management Policy
NSA	Namibia Statistics Agency
OPM	Office of the Prime Minister
RC	Regional Council
PSU	Primary Sampling Unit
SAM	Severe Acute Malnutrition
UN	United Nations
UNICEF	United Nations Children Fund
WASH	Water, Sanitation and Health
WFP	World Food Programme

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Saara Kuuongelwa-Amadhila
Right Hon. Prime Minister

A. Introduction

1.1 Background

The Namibia National Vulnerability Assessment Committee (NamVAC) was established in 2002 and was formally institutionalised in 2009. It is a government led multi-sectoral committee within the Office of the Prime Minister- Directorate Disaster Risk Management, Government of Namibia. The Committee is charged with studying, assessing and describing vulnerability in the country. Its membership consists of Government Ministries, United Nations Organizations, Non-Governmental organizations and the Private Sector.

It is mandated to carry out livelihood vulnerability analysis and its aim is to provide timely analysis for emergency interventions as well as medium to long-term programming. The process of vulnerability assessment and analysis is currently centralized. The Nam-VAC was established to undertake Vulnerability Assessments and Analysis (VAA) work in the country. Initially household levels were monitored through FNSM while community vulnerability was monitored using Household Economy Approach (HEA) procedures. Currently from this round of assessment, the data collection tool is an integration of both FNSM and HEA. The assessment is conducted on a bi-annual basis and supplemented with secondary data where necessary.

The existing framework has the capability of translating how people are having access to food and cash incomes as well as how they are affected by shocks (droughts, floods, diseases, market failure, etc.) into practical information to guide policy and decision-making. It is a tool that is used to detect and track changes in the people's food and nutrition security, sanitation and poverty level. It is an early warning tool for policy guidance, response direction and resource allocation. It triggers early responses and mitigation activities while at the same time fulfilling the needs of programs that are aimed at building resilience communities.

There are different institutions in Namibia which collect information on food and nutrition security as well as households' livelihood vulnerability. Planning and Statistics division in Ministry of Agriculture, Water and Forestry generates early warning information that looks at crop production prospects as own harvest is key in people's access to food. The Office of the Prime Minister in collaboration with regional and town councils collects information on food and nutrition and households' livelihood vulnerability on a by-annual basis. This data includes a section on Infant and Young Child Feeding practices. The Namibia Statistic Agency (NSA) collects price data on eight regional markets for the computations of Consumer Price Index (CPI) which is a key indicator for market access.

1.2 Goal:

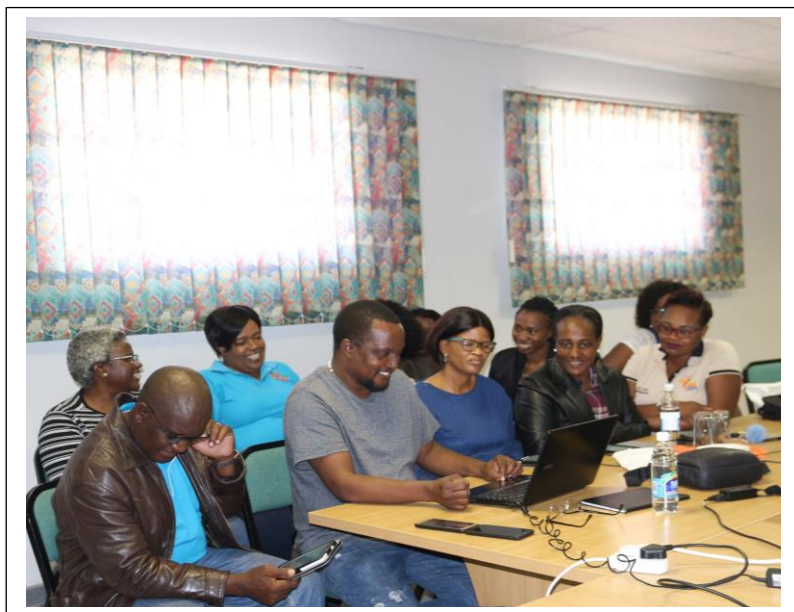
The overall goal of this programme is to achieve a sustainable food and nutrition security for the Namibian population through effective livelihoods, food and nutrition security planning and programing.

1.3 Purpose:

To provide accurate and timely information about the prevailing livelihoods, food and nutrition security situation in a harmonized format for planning and decision making.

1.4 Objectives:

- Assess the impact of drought on water, agriculture and food security as well as health and nutrition.
- Integrate Nutrition, HIV and Gender into VAA.
- To monitor the nutrition status in women of child bearing age and children
- Identify capacities, vulnerabilities and opportunities of affected communities.
- Project the needs for both short and long-term policy direction.



1.1 Study design

The assessment was done using an integrated approach following guidance on Integration of Nutrition, HIV and Gender in Vulnerability Assessment and Analysis. The study made use of a household survey tool on gender, HIV and Nutrition including all indicators of HEA. Key informant interviews (community leaders and key stakeholders) and household questionnaires were used to collect a combination of quantitative and qualitative information regarding food security, nutrition, HIV and gender. This data was supported by the available secondary data on issues related to food security and livelihoods of people. The analytical

B. Methodology

frameworks that informed the structure of the study and design of applied tools were the Food and Nutrition Security Conceptual Framework and the UNICEF's Sustainable Livelihood Framework. This was the point of departure in the choice of information that was collected for the study as well as the type of analysis conducted to answer the assessment objectives.

1.2 Primary data collection

Primary data for this assessment was gathered through individual household sample survey and key informants providing a process through which data at household and associated analysis outcomes are linked to underlying livelihood system and strategies employed by different households, providing more disaggregated statistical analysis particularly for nutrition, HIV and gender outcomes.

Data was collected using the sampling framework designed by the Namibian Statistics Agency in order to align the findings to those of other national surveys and NamVAC annual assessments. A total of 220 sentinel sites were selected in rural areas and 113 sentinel sites in urban areas across Namibia.

Karas Region was not assessed at all, while Oshana Region only assessed some urban sites. The assessment had a target to cover 3300 households in rural selected sites and 1695 in urban sites, however only 1833 households were assessed in rural areas

while 1028 households were assessed in urban areas. A total of 2861 households were covered in this round of assessment. This total represents 28% of the target households reached. A total of 9144 people from the sampled households were assessed for the indicators of food and nutrition. A total of 221 (66%) sites were covered in this round of assessments, the other 34% of the sites could not be covered due to administrative reasons.

Data was collected using two questionnaires (ie. key informant and household), in both urban and rural sites. Data collection tools that were used in data collection are annexed at the end of this report. Some of the indicators covered by this activities includes; water and sanitation, access to food, sources of income, household expenditure, infant and young child feeding practices, etc. These indicators can be disaggregated by localities, gender, HIV and nutrition.

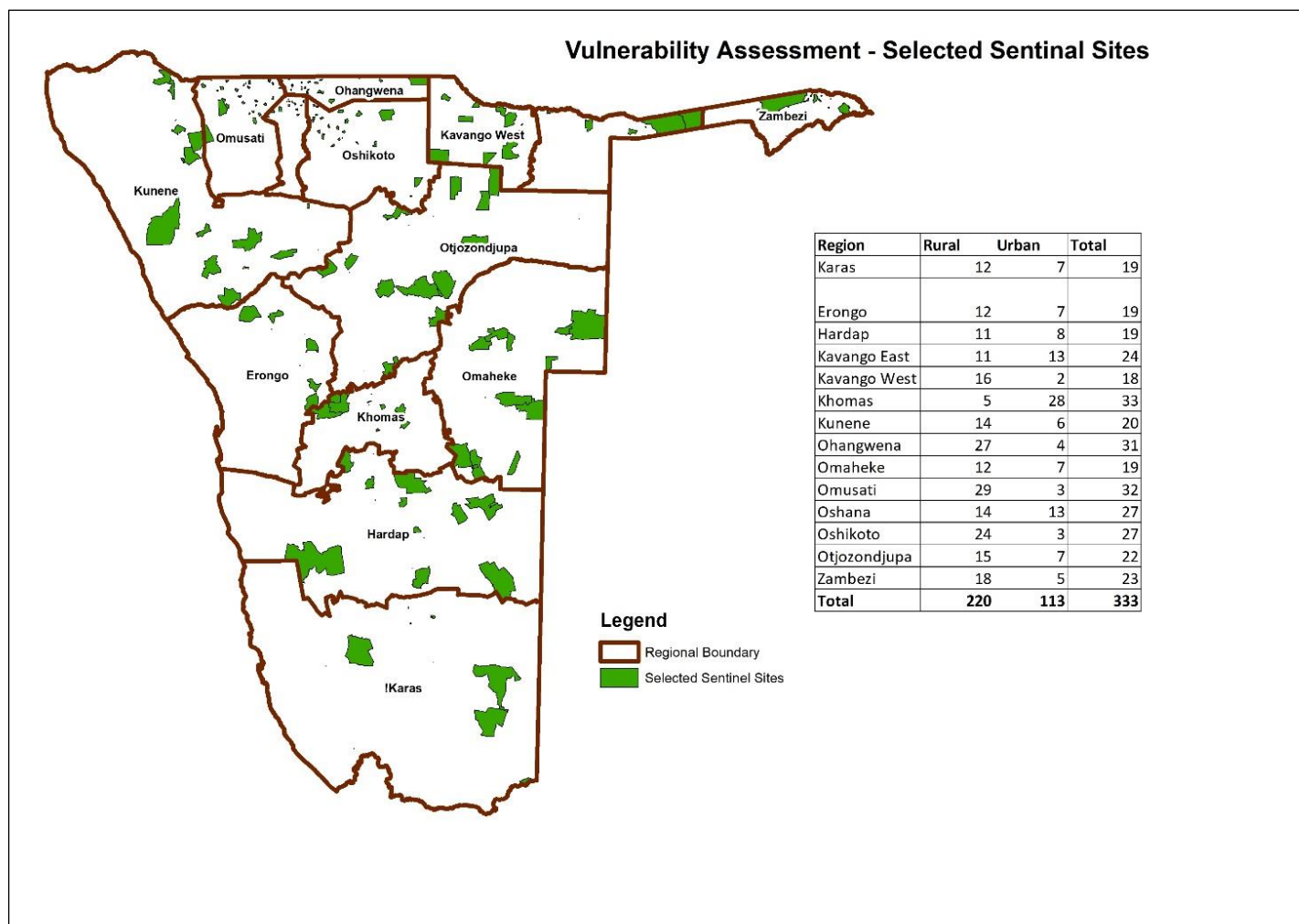
Data was collected at selected areas called sentinel sites which are equivalents of Primary Sampling Units (PSUs). These sentinel sites are scattered around the country.

At each of the sentinel sites, one key informant and fifteen households were interviewed. The participating households were randomly selected from the sampling frame created. The interviews are guided by structured questionnaires and responses captured using Online Data Kit tool on

Android devices. During data collection, completed forms are stored in an editable version by a data capturer, later sent to the regional ToT for verification before being uploaded on the server.

Figure 1: Map Selected sites

Source: Namibia Statistics Agency



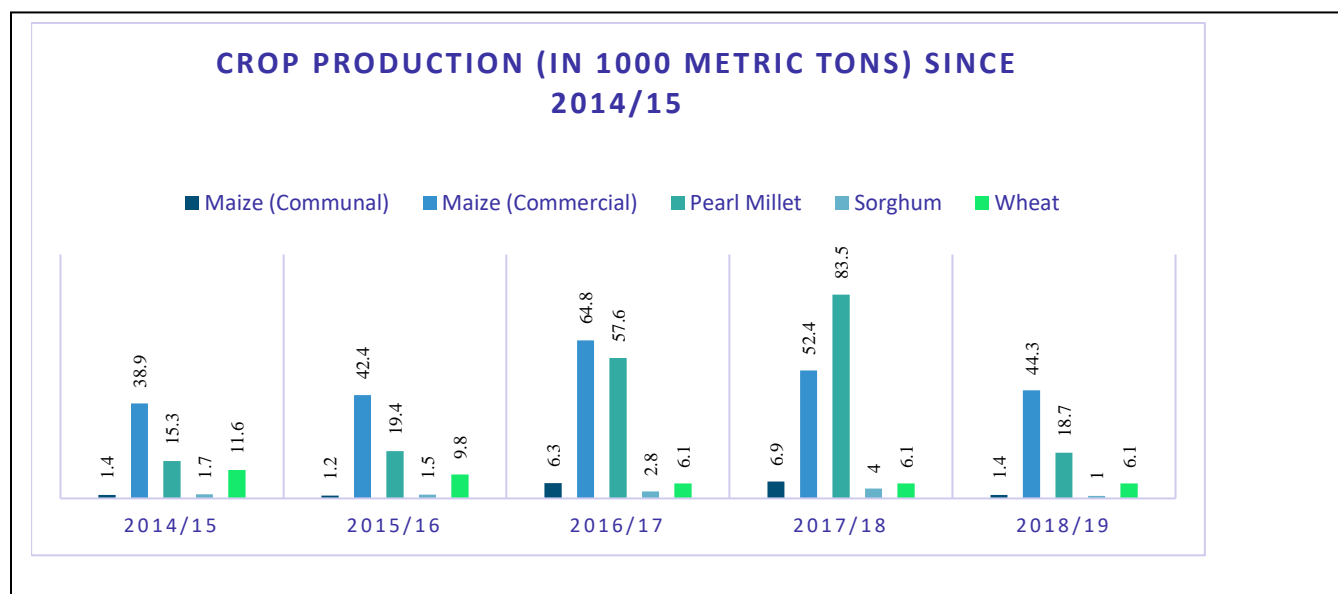
C. FOOD SECURITY ANALYSIS

a. FOOD ACCESS PILLAR

1.1 CROP PRODUCTION

The 2018/2019-rainfall season has been extremely poor and was seen in the forms of delayed onset of the rainfall season, sporadic and erratic rainfall patterns as well as frequent prolonged dry spells compounded by extremely high temperatures that exacerbated evaporation of the little moisture received. As a result, agricultural production, grazing and water resources were affected. The preliminary crop harvest estimates indicated a

a considerable reduction of 79% of last season's harvest. Maize production in the commercial area (dry-land) has also showed a slight reduction of about 15% of last season's harvest. Pearl millet production declined by 78% while sorghum declined by 75% of last season's harvest. This reduction is largely attributed to the general poor rainfall performance, which have dominated the 2018/2019-rainfall season. Majority of households are



substantial reduction which is significantly lower than last season, and below the 5 year average production. In addition, aggregate planted area declined by 25% from last season and 33% below the average.

expected to be depending on markets for staple food access rather than own production due to very poor if no harvest at all.

The preliminary crop harvest estimates in the communal area (Zambezi, Kavango East and Kavango West regions) indicated

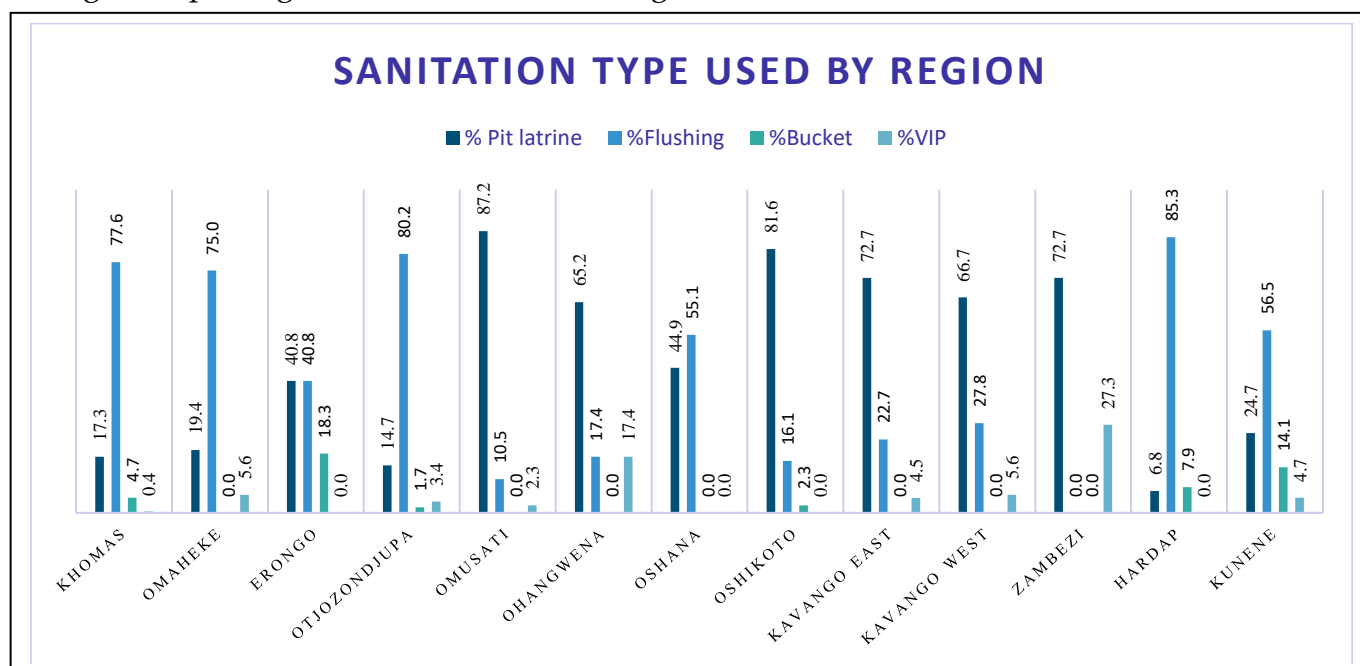
a. UTILISATION PILLAR

1.2 SANITATION FACILITIES

1.2.1 Sanitation Type Used

Majority of the households interviewed across the country do not have access to proper sanitation. Most households reported high usage of pit latrine with Omusati region at 87.2%, while households in Hardap region is the least with 6.8%. The second mostly used sanitation type reported by the interviewed households is the flushing toilet, with Otjozondjupa region reporting 85% and the least being

Omusati region with 10.5%. A significant amount of households in Erongo region report to be using the bucket system. Absence of sanitary facilities in the rural areas of the country indicates a high possibility of Open defecation. This is a serious health concern that affects nutrition especially during rainy seasons.

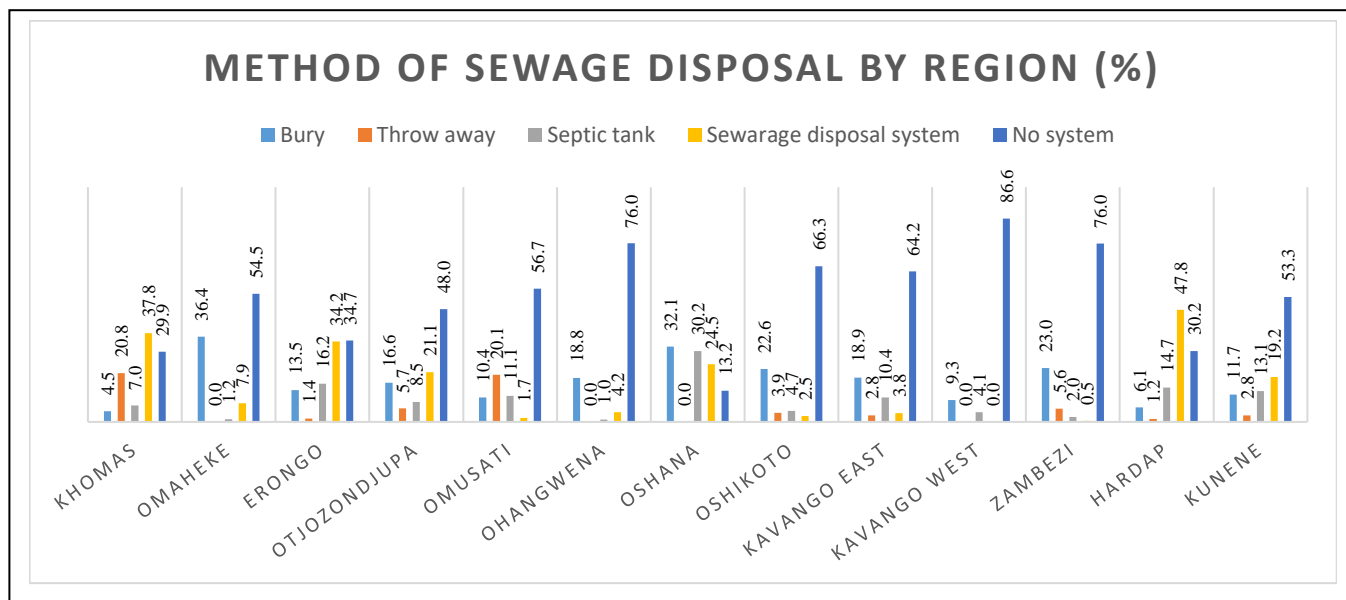


1.2.2 Sewerage Disposal

Most of the household interviewed respondents indicated that mainly do not have the sewage disposal method (no system). The highest percentage of household with no system is reported in Kavango West with 86.6 % and Zambezi and Ohangwena 76%. Oshana, indicated the least percentage of household that does not have sewage system. The second sewage disposal which most of the household indicated is the sewage disposal system whereby Hardap, Khomas and Erongo indicated the highest percentage of 47.8%-34.7% respectively while

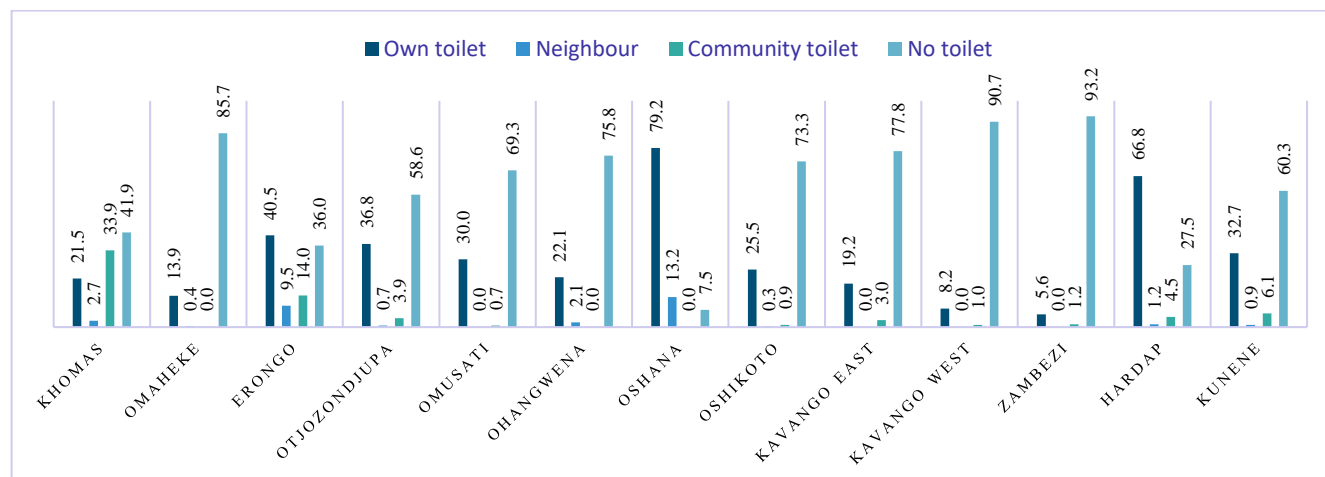
Kavango West and Zambezi reported 0-0.5%. The third sewage disposal that the majority of the household reported is the burry, whereby Omaheke and Oshana indicating the highest percentage of 36.4%-32.1%.

Table 3: Method of sewage disposal by region (%)



1.2.3 Toilet ownership

Lack of toilet facilities remains a challenge in both rural and informal settlements with the Zambezi region reporting the highest percentage of 93.2 %. This can be interpreted as a very high health risk due to pollution and the outbreak of diseases such as Hepatitis E and Cholera. Oshana and Hardap regions reported to have the highest number of households owning toilet facilities.



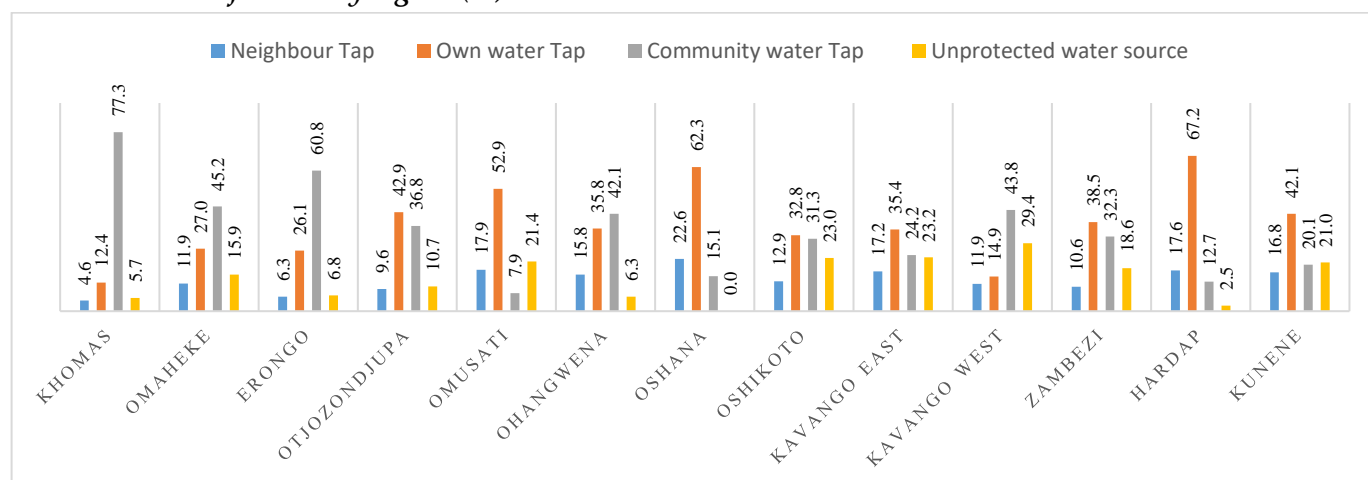
1.3 DRINKING WATER

1.3.1 Sources of water

Most of the interviewed households have access to water, with own water tap being the main water source in most regions with the exemption of Khomas, Erongo, Ohangwena and Kavango West. About 77% of the interviewed households in Khomas indicated community taps as main source of water while in Erongo only 60.8% of

households interviewed are using community taps. The use of unprotected wells is still common in most parts of the country. Kavango West (29.4%), Kavango East (23.2%), Omusati (21.4%) and Kunene (21.0%) regions have the highest percentage of households that use unprotected water sources such as wells which pose a high health risk due to waterborne diseases.

Table 4: Source of water by region (%)



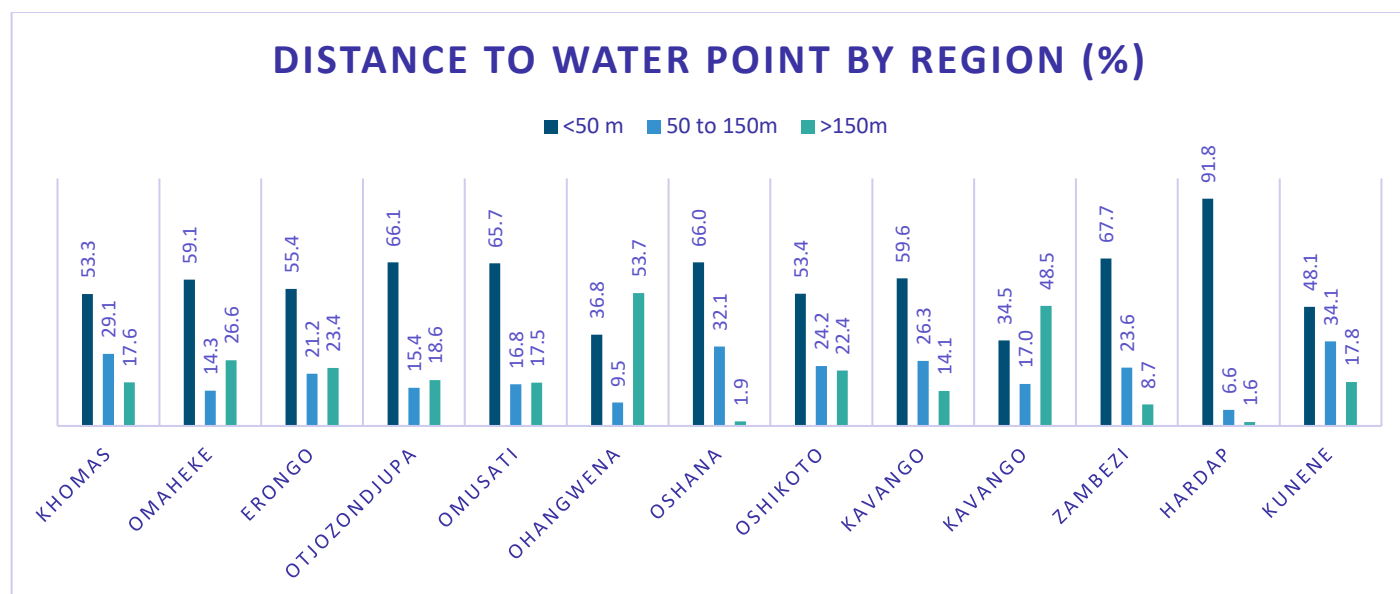
1.3.2 Payment method

The majority of households interviewed across the country pay water using cash method which is followed by free/fetching from the river and out of the household interviewed Oshana reported the highest percentages of 84.9 using cash payment method followed by Kavango West at 64.4%. Getting water for free or fetching from the river was common in the households interviewed at Kunene, Otjozondjupa, Omaheke and Zambezi region respectively.

**SAY SOMETHING ON THE NATIONAL
PICTURE**

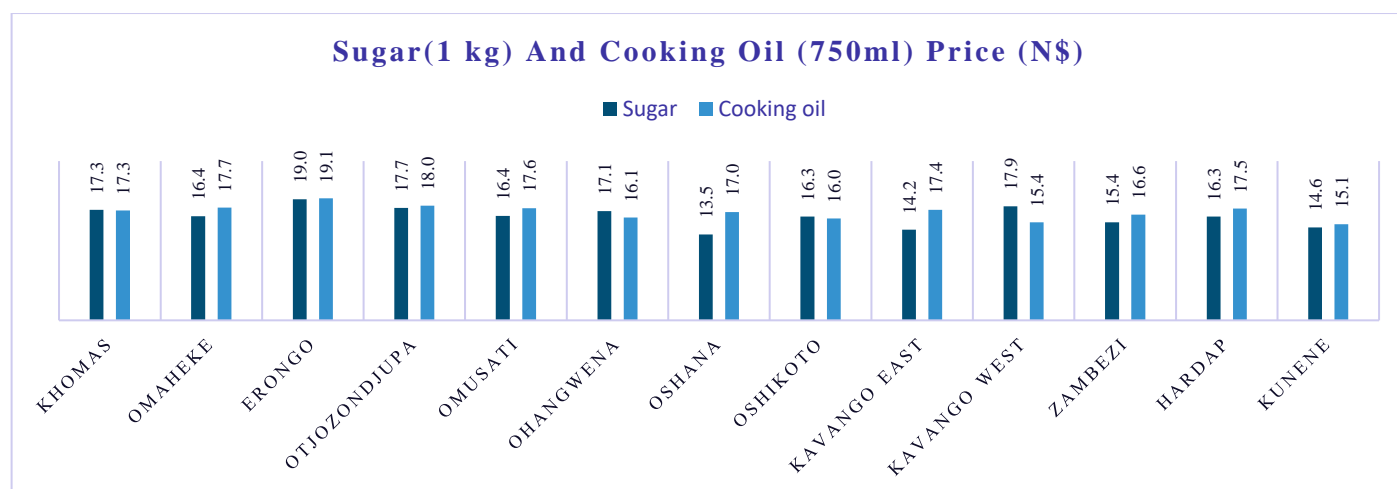
1.3.3 Distance to water source

Majority of the interviewed households have access to water within 50meters in most regions. About 92% of households in Hardap region have water within the distance of less than 50 meters while in Ohangwena region only 36% of households have water available within 50 meters. Moreover, Ohangwena (53.7%) and Kavango West (48.5%) regions indicated the highest percentage of households travelling more than 150 meters for water access. Hardap and Oshana regions indicated a relatively low percentage of households travelling more than 150 meter for water access with 1.6% and 1.9% respectively.



1.4 MARKET PRICES

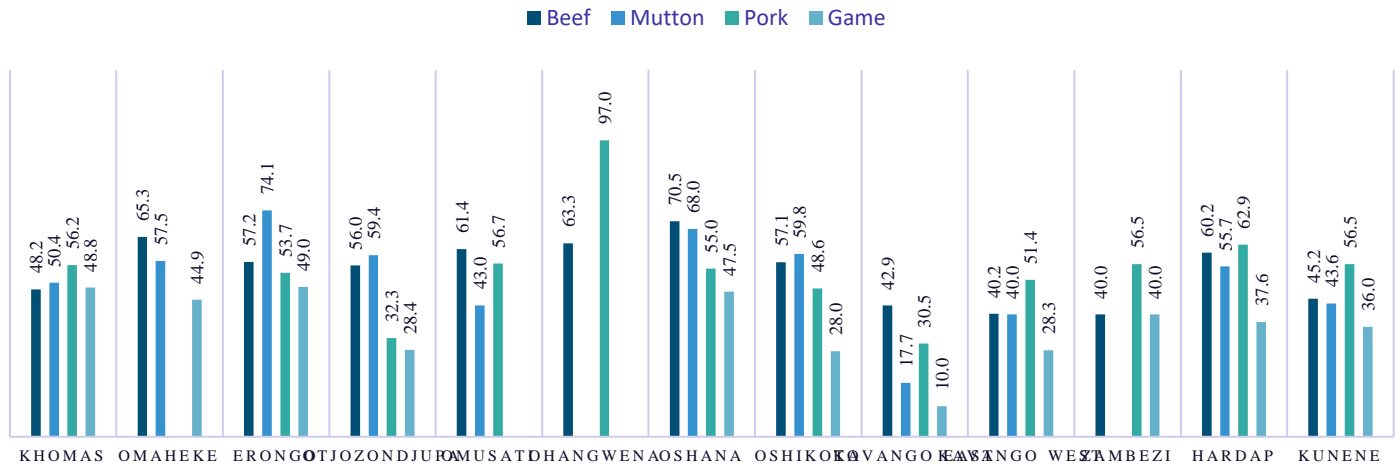
The graph shows that most of the community interviewed in the country have reported that the average price of sugar per kg in the Erongo region cost N\$19.00 per kg, followed by the Kavango West region with N\$17.9 per kg, while the cooking oil at 750ml costs N\$19.10 in Erongo region followed by the Otjozondjupa region with N\$18.00. Above all the Kavango East and Oshana region reported to have the lowest price in sugar per kg with the range of N\$13.50 – N\$14.20 while Kunene region and Kavango West region reported to have the lowest prices in cooking oil in the range of N\$15.10 – N\$15.40 for 750ml.



1.4.1 Meat Prices

The graph below shows that most communities that were assessed in the country has shown that pork meat is very expensive because it was reported to have the highest price with N\$97 per kg in Ohangwena region, followed by Hardap region with N\$62.2 per kg while in Kavango East and Otjozondjupa region reported in the range of N\$30 & N\$32 per kg respectively.

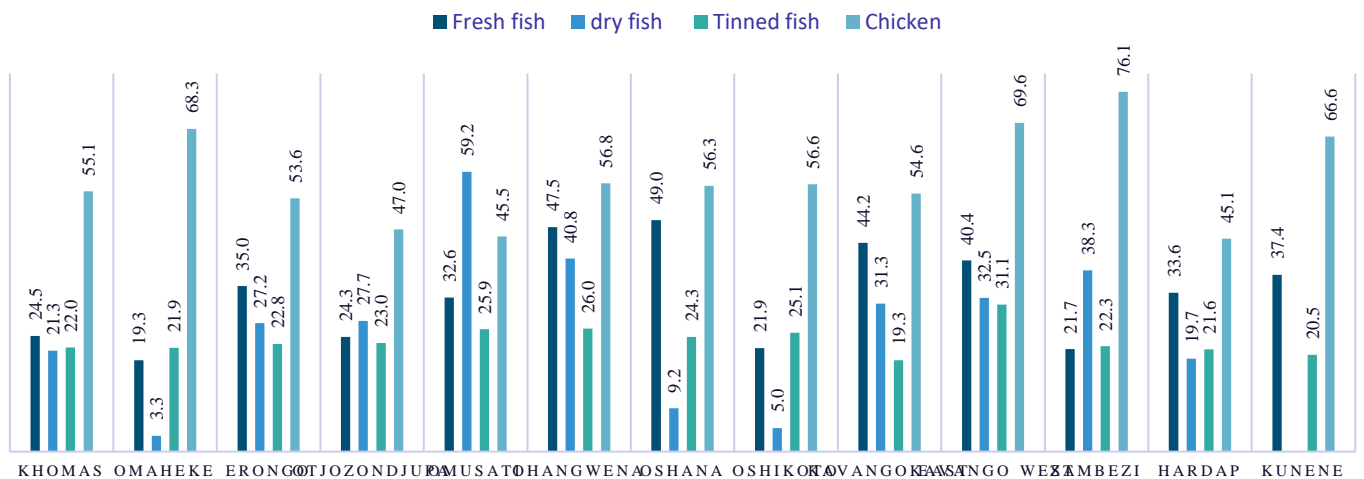
Average Meat Prices Per Kg



1.4.2 Fish prices

The graph above shows that most communities that were assessed in the country has shown that pork meat is very expensive because it was reported to have the highest price with N\$97 per kg in Ohangwena region, followed by Hardap region with N\$62.2 per kg while in Kavango East and Otjozondjupa region reported in the range of N\$30 & N\$32 per kg respectively.

Average Price per Kg



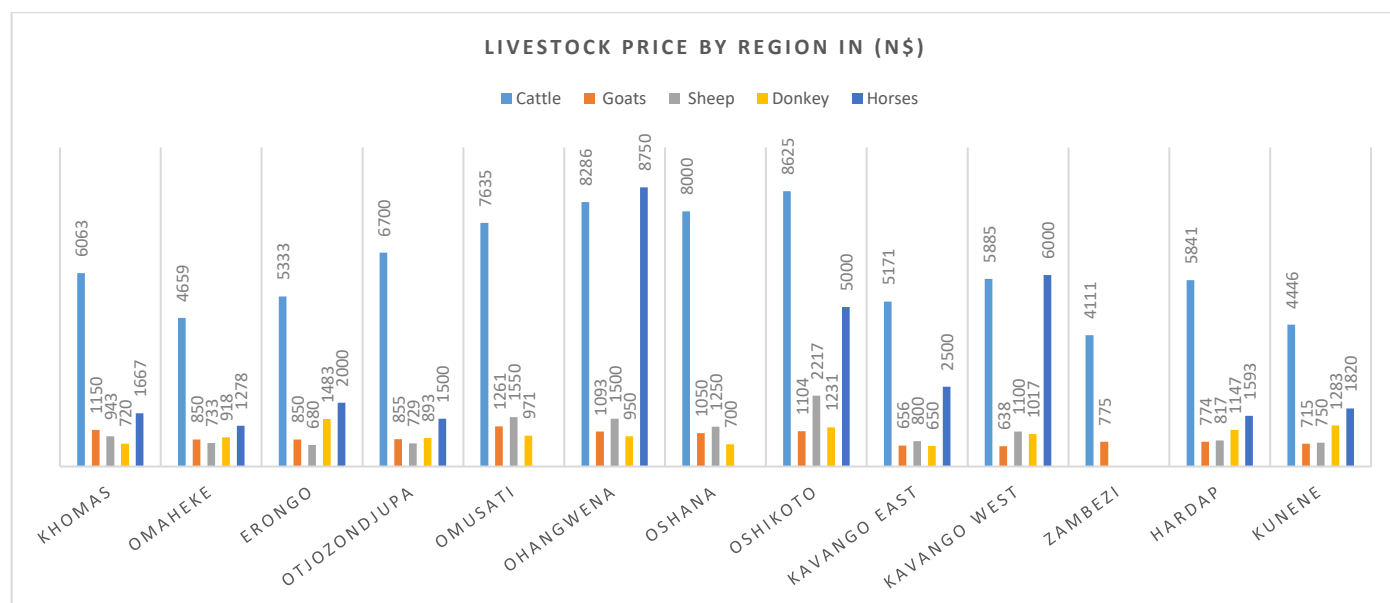
1.4.3 Chicken Prices

The majority of the community assessed has shown that chicken per kg is mostly expensive in the Zambezi and Kavango west region which are in the range of N\$76.1-N\$69.6, while Omusati and Otjozondjupa region reported to have their price ranging from N\$47 – N\$45.5 per kg. fresh

fish is mostly expensive in the Ohangwena with N\$47.5 while in Omaheke its reported to have the lowest with N\$19.3 per kg, dry fish is reported to be expensive in the Omusati region with N\$59.2 followed by Ohangwena region with N\$40.8 while in Omaheke its reported the lowest with N\$3.3 per kg, with tinned fish 400g the majority have reported to have their prices ranging from N\$20 – N\$25 while Kavango west region reported to have their prices at N\$31.1 of which is reported to be the highest in the country this can also be explained as most of the sites which were selected were in the remote areas whereby transportation may have contributed to the average price been that high.

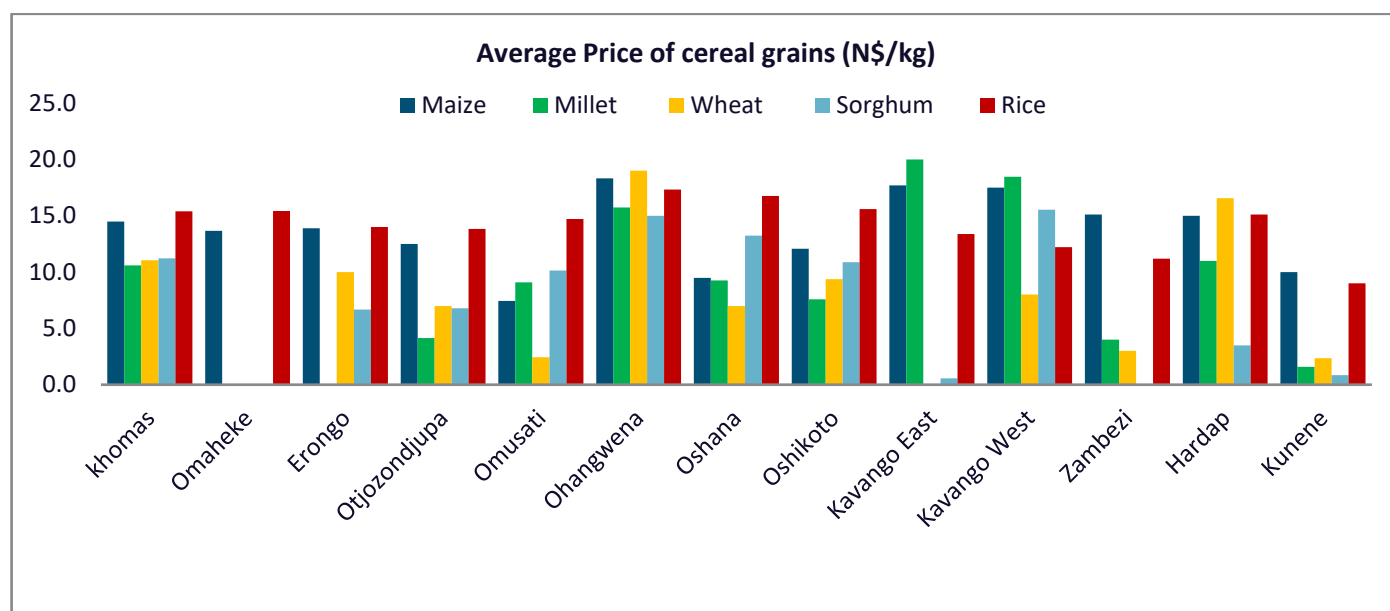
1.4.4 Livestock prices

The highest average price of cattle is reported in Oshikoto region above N\$8000, while the cheapest cattle on average was above N\$ 1593 as reported at Hardap region. Goats and sheep on average were reported highest between N\$900 - N\$1100 in Khomas, Omusati and Oshana region respectively. On the average the cheapest price of Goat and sheep is over N\$ 600 as reported at Erongo and Kavango East region respectively. The average the price of horse and donkey will cost between N\$ 700 – N\$ 8000.



1.4.5 Cereal grain prices

On average the price of Millet were reported costing over N\$ 15 per kg at Kavango East, Kavango west and Ohangwena region respectively, while Omusati is reported to have below N\$10 on average per kg. Maize, Millet and rice of the cereals cost above N\$ 10 per kg as reported in most of the region.



D. FOOD AND NUTRITION SECURITY ANALYSIS-CARI APPROACH

1.1 HOUSEHOLD FOOD CONSUMPTION

The UNFAO, UNWFP, EFSA recommends the use of the Consolidated Approach to Reporting Indicators of food security (CARI) to monitor food security in the communities. Based on this, we followed the guidelines of CARI in assessing the food security in the communities. The CARI was used to classify households into different food security index groups. CARI uses food security indicators to measure the current status and household coping capacity.

The current status is measured using Food Consumption Score (FCS), which looks at the adequacy of household current food consumption, while the coping capacity is measured based on a combination of livelihood coping strategies and food expenditure share. Based on these three indicators above, each household was assigned to a food security index group; food secure, marginally food insecure, moderately food insecure and severely food insecure.

Food consumption score was calculated using the frequency of consumption of different food groups consumed by a household during the 7-day period, categorising households into 'poor', 'borderline' and 'acceptable' food consumption groups.

Further analysis was done to measure Food Consumption Score Nutrition (FCS-N) to determine household intake of vitamin A, protein, cereals and tubers, fruit & vegetables, fats & oil and iron rich foods in order to provide a linkage between household food consumption and nutritional outcomes.

Table 8: Food Consumption Scores for May 2019

Domain		Indicator	Food Secure (1)	Marginally Food Secure (2)	Moderately Food Insecure (3)	Severely Food Insecure (4)
Current Status	Food Consumption	Food Consumption Group	64		21	15

Overall, the findings indicate that 64% of households had acceptable diet, 21% had borderline diet and 15% had poor diet and were assigned to food security Index groups as per the table above.

Table xxx

Domain		Indicator	Food Secure (1)	Marginally Food Secure (2)	Moderately Food Insecure (3)	Severely Food Insecure (4)
Coping Capacity	Economic Vulnerability	Food expenditure share	<50%	50% - <65%	65% - <75%	≥ 75%
			55	22	11	12

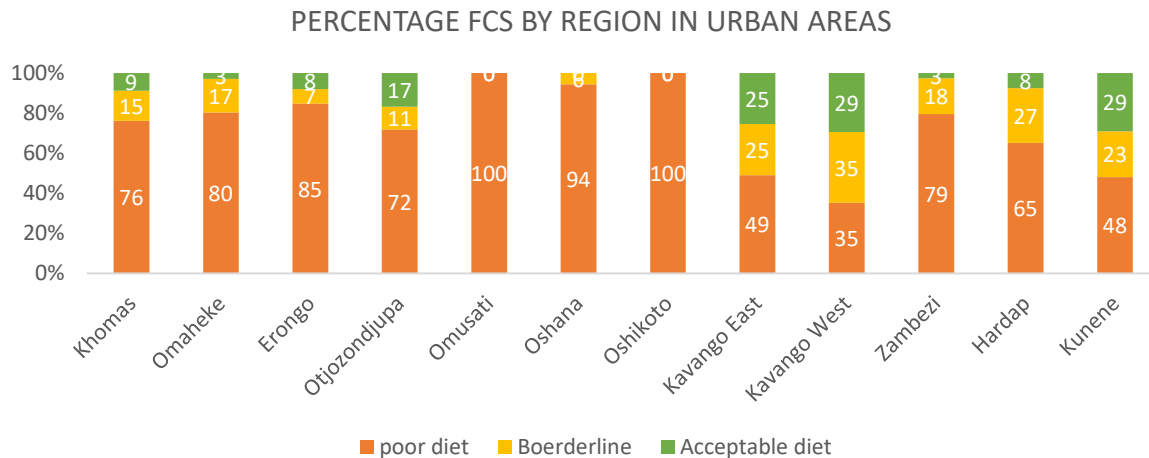
Nationally, 55% of households spend less than half of their income on food, 22% spend 50 - < 65%, 11% spend 65 - < 75% while 12% spent over 75%. This indicator gives a picture that about 11% of households were moderately food insecure and 12% were severely food insecure. This can be estimated to say about 12% of the Namibia households are in need of relief aid.

For below

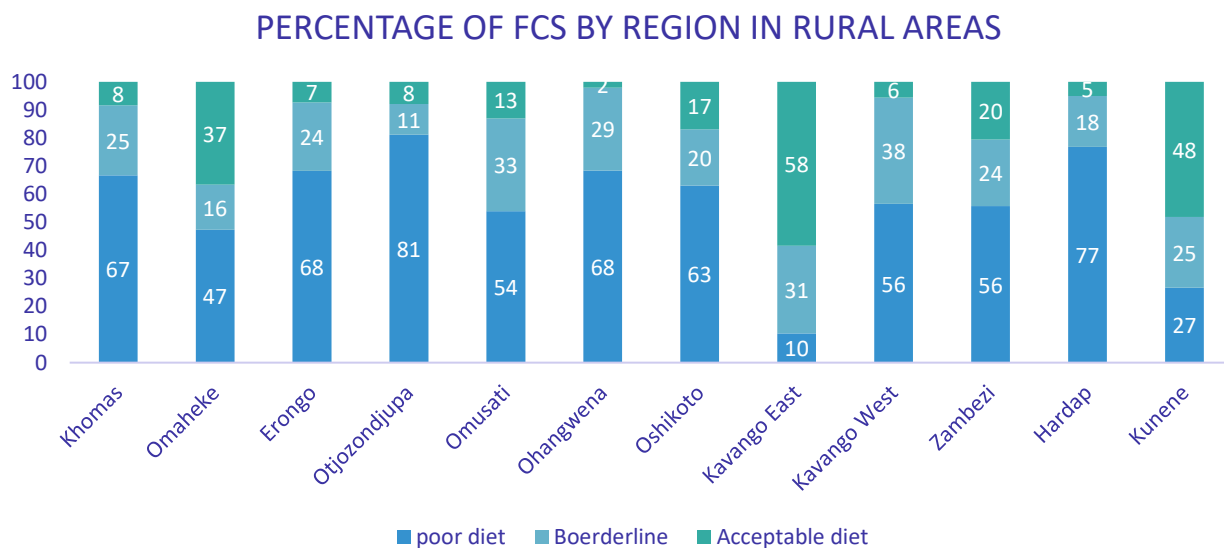
In urban sites interviewed, most of the regions shows that more than 50% of households have poor diet, except Kavango East, Kavango West and Kunene which indicates less than 50% of households that have poor diet. Kavango West, Hardap and Kavango East have a high proportion of households that had borderline diet with 35%, 27% and 25% respectively. Kunene (29%), Kavango West (29%) and Kavango East 25% had the highest proportion of households with acceptable diet, while the rest of the regions indicated to have between 3-17% acceptable diets

1.1.1 Food consumption scores

Graph xxx: Food consumption score by region (Urban)



Graph 2: Food consumption score by region (Rural)

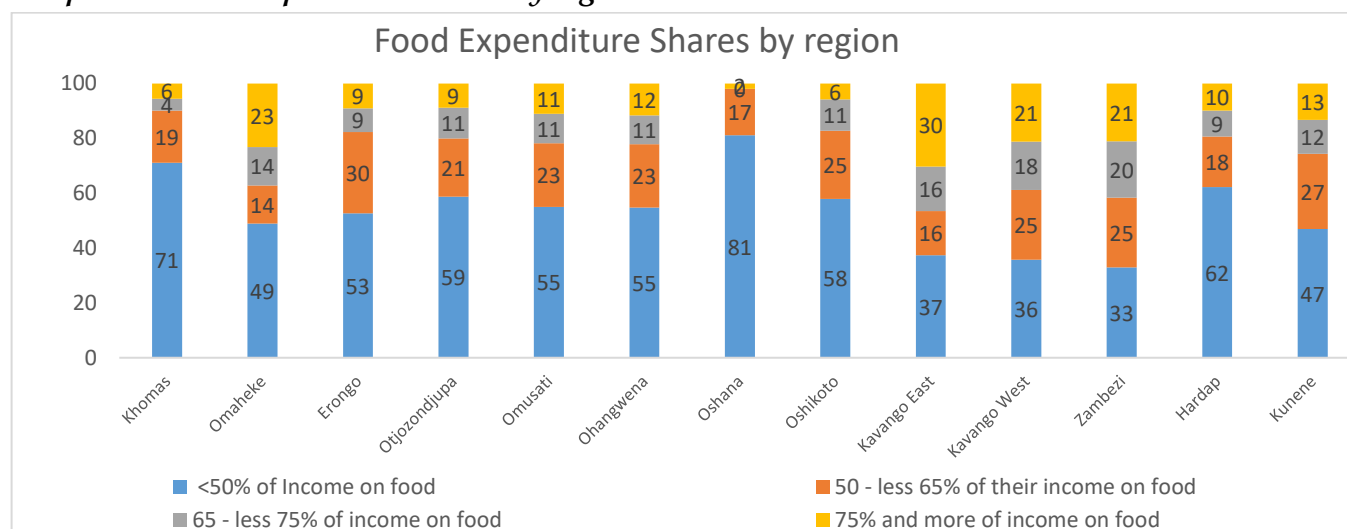


In rural sites interviewed, most of the regions shows that more than 50% of households have poor diet, except Omaheke, Kunene and Kavango East which indicates less than 50% of

households that have poor diet with 47%, 27% and 10% respectively. Kavango West, Omusati and Kavango East have a high proportion of households that had borderline diet with 38%, 33% and 31% respectively. Kavango East (58%), Kunene (48%) and Omaheke 37% had the highest proportion of households with acceptable diet, while the rest of the regions indicated to have between 2-20% acceptable diet.

1.1.2 Food expenditure shares

Graph xxx: Food expenditure share by region



The graph above indicates that most households in Zambezi, Kavango West, Kavango East, Kunene and Omaheke spend more than 50% of their income on food. This is an indicator of vulnerable households as these households who spend more than 50% of their income on food have less income at their disposal to engage in developmental needs of their households. If food was to be given as relief, it could be allocated as a percentage of regional population as follows: Khomas (26820 – (6%)), Omaheke (17480 – (23%)), Erongo (17640 – (9%)), Otjozondjupa (14238 – (9%)), Omusati (27830 – (11%)), Ohangwena (31224 – (12%)), Oshikoto (12042 – (6%)), Kavango East (45990 – (30%)), Kavango West (19500 – (21%)), Zambezi (21483 – (21%)), Hardap (9030 – (10%)) and Kunene (13325 – (13%)). Please take note that Karas did not participate in this round of activities due to logistical (transport, management could not release data collecting staff) problems. Oshana did not participate due to lack of fuel as their budget could not afford the activity. The 2 regions therefore are not having estimates of food insecure population due to non-participation in the activity. The Oshana figures that appears in this report are from 4 sites in towns only, so they are not significant/representative to be inferred to region figures.

E. LIVELIHOOD BASED COPING STRATEGIES

The coping capacity dimension was measured using livelihood-based coping strategies. This indicator attempts to determine the household capacity to withstand potential shocks. It is derived from a number of questions focusing on household's experience with livelihood stress and asset depletion during the 30 days prior to study. Livelihood coping strategies are classified into three groups ie. stress, crisis and emergency strategies.

Stress strategies includes behaviours such as borrowing money, selling more animals than usual, purchasing food on credit or borrowing food are those that indicate a reduced ability to deal with future shocks due to a current reduction in resources or increase in debts. Crisis strategies includes engaging in activities such as consuming seeds that were saved for the next season, cutting down on the expenses on fertilisers, animal feeds etc. directly reduce future productivity. Emergency strategies includes behaviours such as selling land or last female animals affect future productivity, but are more difficult to reverse or more dramatic in nature.

Households that did not employ any of these strategies are considered to be food secure on this indicator. Based on the type of livelihood coping strategies, households were classified into different food security groups as presented in the graph and table below.

1.1.3 Regional coping strategies

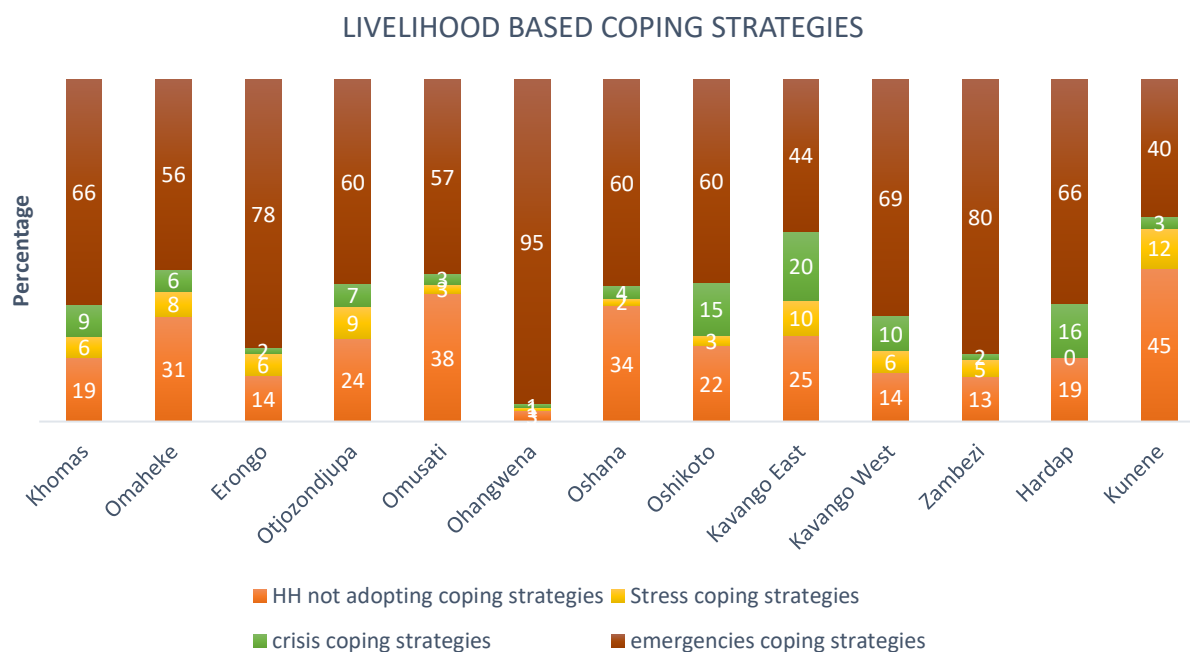
FigureXX: Livelihood coping strategies at national view



The graph above indicates that 62.9% of households across the interviewed sites are applying emergency coping strategies. This is an indication that households risk losing their productive assets or resort to employ undesirable behaviors for their survival. Even though there are many

households that are able to bring food to table, the majority of households are applying emergency coping strategies to get that food. This means that a lot of households might end up depleting their household assets in the wake of procuring food for their households.

Graph 2: Livelihood coping strategies by Region



At least 5-45% of households across different Regions did not employ any livelihood coping strategies, while 1-12% employed stress strategies, 2-20% employed crisis strategies and 40-95% employed emergency strategies. Based on this indicator alone, 71% of households are already experiencing food and nutrition insecurity.

Table 000000Coping strategies The results indicate that 23% of household did not apply any of the coping strategies, 6% applied stress strategies, 8% applied crisis strategies and 63% applied emergency strategies.

Domain		Indicator	Food Secure (1)	Marginally Food Secure (2)	Moderately Food Insecure (3)	Severely Food Insecure (4)
Coping Capacity	Asset Depletion	Livelihood coping strategy categories	None	Stress coping strategies	Crisis strategies	Emergency strategies
			23	6	8	63

1.2 CARI CONSOLE

Table wwwCARI CONSOLE

CARI Console						
Domain		Indicator	Food Secure (1)	Marginally Food Secure (2)	Moderately Food Insecure (3)	Severely Food Insecure (4)
Current Status	Food Consumption	Food Consumption Group	64		21	15
Coping Capacity	Economic Vulnerability	Food expenditure share	55	22	11	12
	Asset Depletion	Livelihood coping strategy categories	23	6	8	63
Food Security Index			5	22	31	42

The Food Security Index (FSI) combines the results of the food security indicators; food consumption group, food expenditure share and livelihood coping strategy categories that have been discussed in the previous sections. Food Security Index uses two dimensions of food security, namely; the current status domain and the coping capacity domain. The average of the scores of the current status and coping capacity domains, rounded up to the nearest whole number, is derived to get the summary index of food security index. The percentage of food and nutrition insecure population using CARI is derived by summing up the two most severe categories (severely and moderately food insecure).

Overall, of the total households interviewed, 5% were food and nutrition secure, 22% were marginally food and nutrition insecure, 31% were moderately food insecure and 42% were severely food and nutrition insecure. Therefore, based on an analysis of a combination of food consumption score, livelihood coping strategies and food expenditure share, 73% of households were food and nutrition insecure.

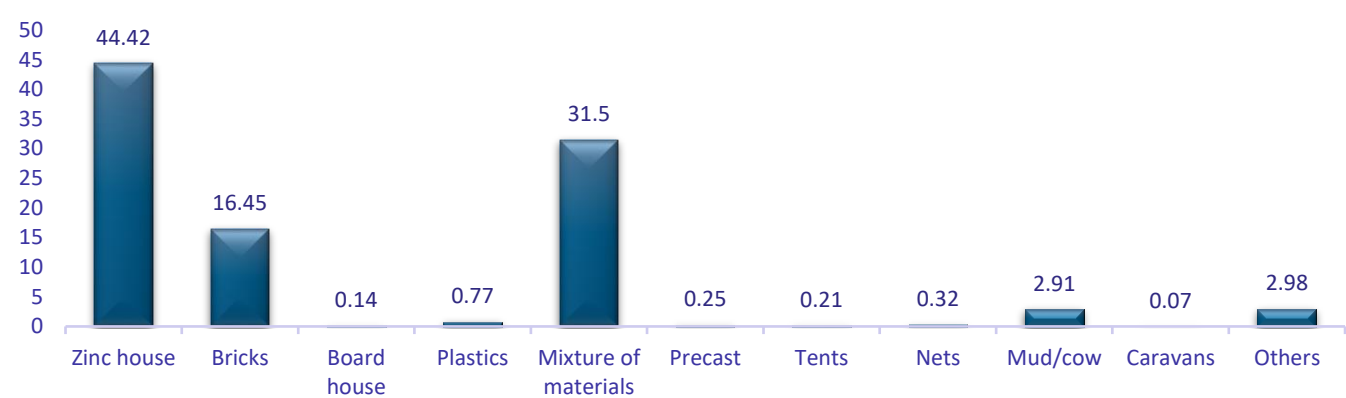
F. HOUSEHOLD DEMOGRAPHICS

1.3 HOUSEHOLDS STRUCTURES

The chart below shows that 44% of the households interviewed were structures made out of zincs, whereas 31% are constructed by means of mixtures of materials. There are brick house counting up to 16% of the interviewed households. The last 9% is a combination of structures

that are made out of other materials such plastics, tents, nets, precast, Board mud/ cow dung which constitute between 0.21% and 3% respectively.

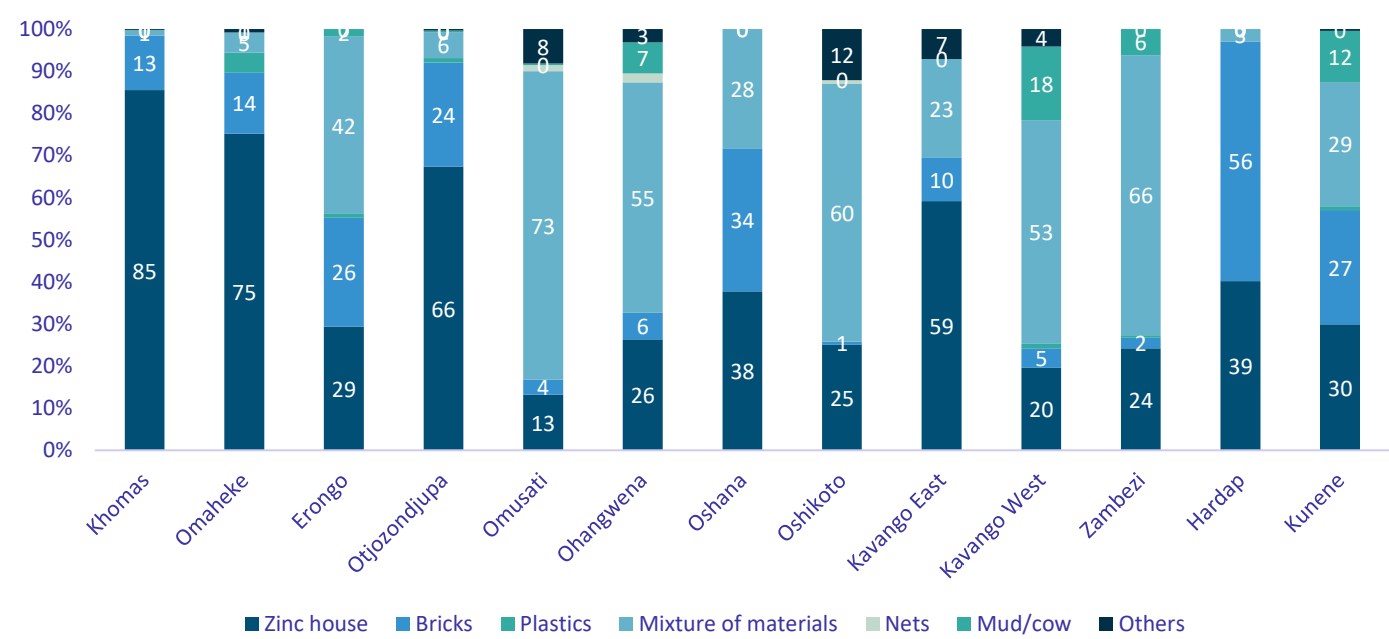
Figure xx Type of household structure



1.3.1 Structure materials

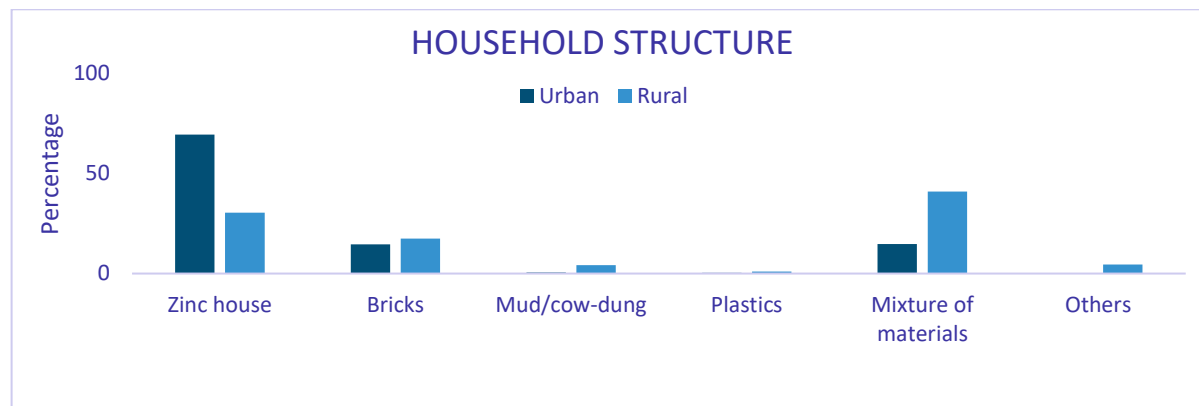
The findings in the figure below shows that Khomas, Omaheke, Otjozondjupa and Kavango East regions have more house structures built with zinc, while Omusati, Zambezi, Oshikoto, Ohangwena and Kavango West has a high number of house structures built with mixture of materials with 73%, 66%, 60%, 55% and 53% respectively. Hardap recorded the highest number (56%) of house structures built out of bricks, followed by Oshana (43%), Kunene (27%), Erongo (26%) and Otjozondjupa 24%. Houses built out of mud/cow dung were only recorded in Kunene, Kavango West, Zambezi, and Ohangwena regions.

Table: uuuuuuu



1.3.2 Type of structure by locality

Figure xx Type of household structure by region Comparison of household structure: Urban and Rural



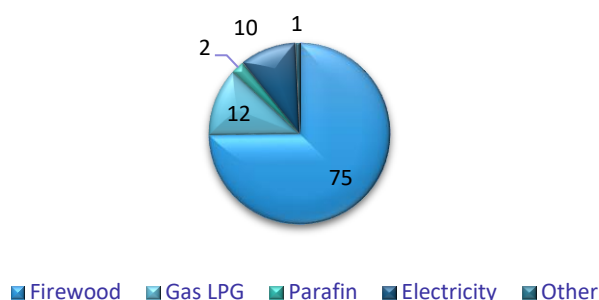
The graph above shows comparison of house structures in urban with rural areas. In urban areas, about 69% of housing structures are built out of zinc. In rural areas, house structures are built out of mixture of materials (41%) and zinc (30%). Other types of materials used by household as house structure sum to a combined proportion of 10% and are mostly in rural areas.

1.4 SOURCE OF ENERGY

1.4.1 Sources of cooking energy

The majority (75%) of households are using firewood as a source of energy for cooking. The other sources of energy for cooking mentioned includes LPG Gas (12%), Electricity (10%), Parafin (2%) and others (1%). This is an indication that most households in both rural and urban areas make use of firewood as a source of cooking either due to costs of electricity or unavailability of electricity in their localities. The continued use of firewood may lead to deforestation therefore leaving vast environments vulnerable to become deserts in the future.

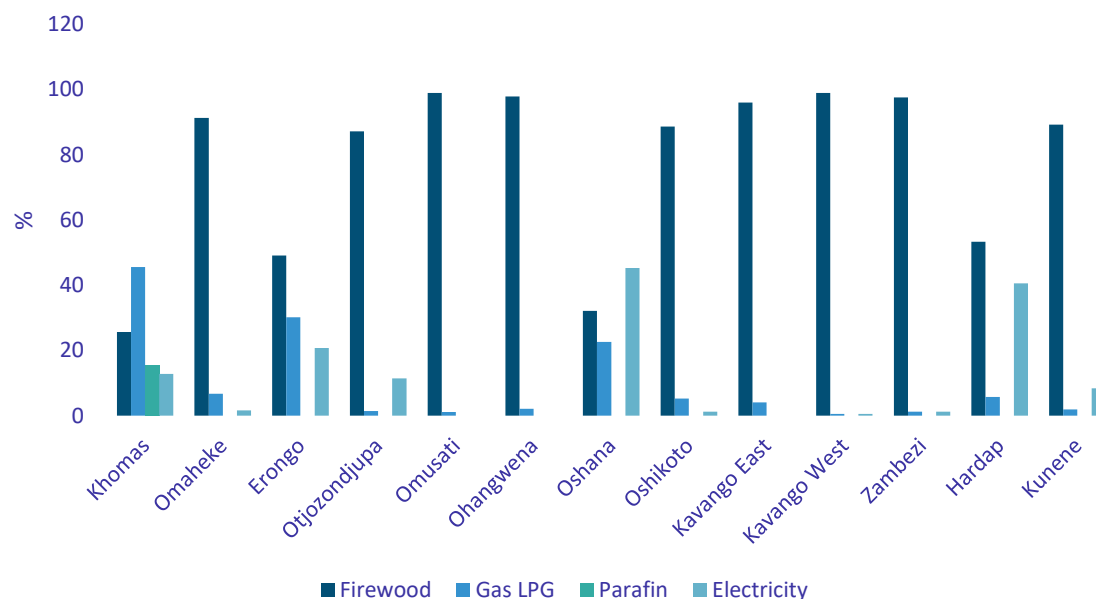
SOURCE OF ENERGY FOR COOKING



1.4.1.1 Regional source of cooking energy

Firewood as a source of energy for cooking is recorded significantly with over 50% across all the assessed regions, except for Erongo, Oshana and Khomas which had recorded 49%, 32% and 26% respectively. However there is a significant number of households in Oshana, Erongo and Hardap regions using electricity as source of energy for cooking. Khomas region indicated to have 46% of households using Gas as a source of energy for cooking, followed by Erongo with 30% and Oshana 23%. Parafin as source of energy for cooking was only recorded with 16% in Khomas region.

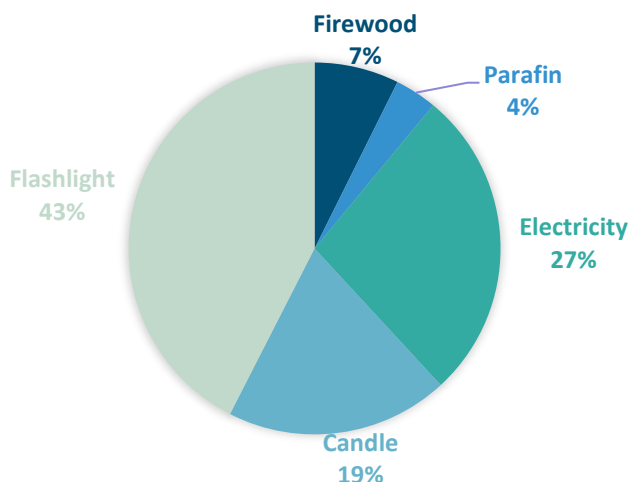
Table 00000 sources of cooking energy by region



1.4.2 Sources of energy for lighting

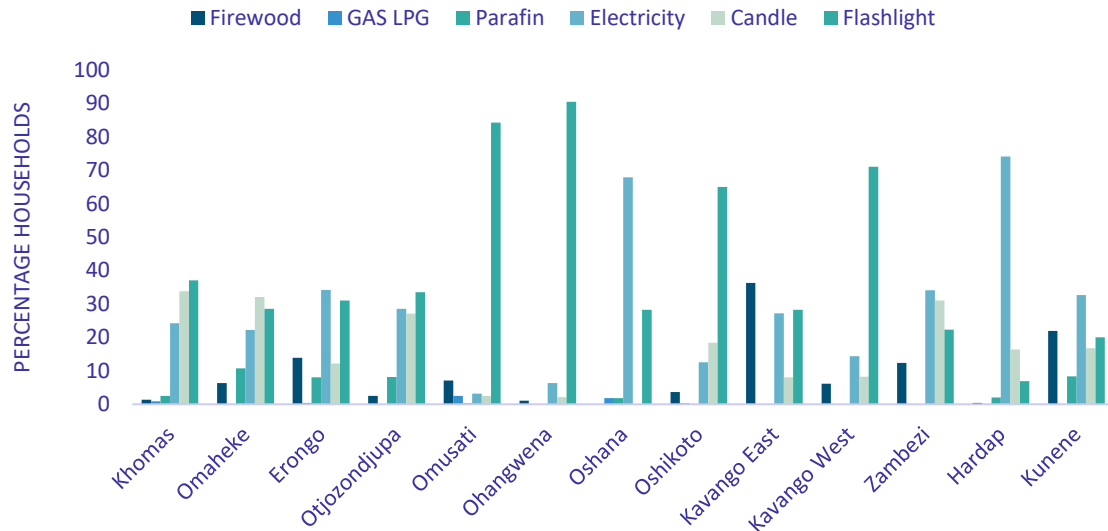
Overall, the source of energy used by households for lighting was recorded to be flashlights with 43% followed by electricity 27% and candle 19%. The least sources of energy for lighting is paraffin (4%) and firewood (7%).

Figure ppppp sources of lightning energy



1.4.2.1 Sources of energy for lighting by region

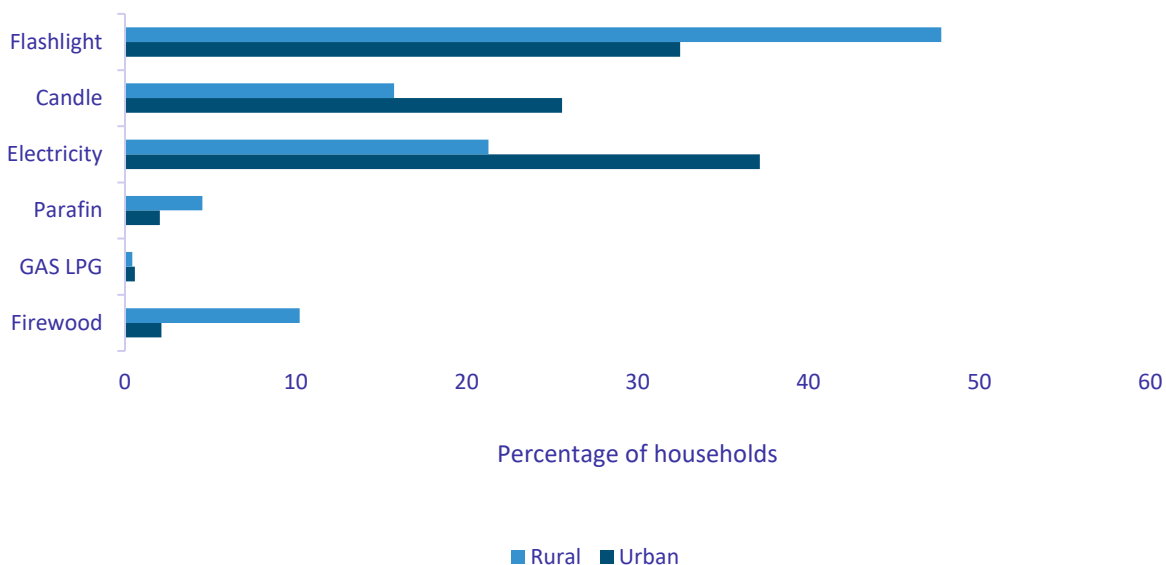
When comparisons were made on source of energy used by households for lighting, majority of households in most of the regions indicated to be using flashlight with the highest proportion of 91% recorded in Ohangwena followed by Omusati with 84%, Kavango West 71% and Oshikoto 65%, while Hardap and Oshana recorded the high number of households using electricity as a source of energy for lighting with 74% and 68% respectively.



1.4.2.2 Comparison: Source of energy for lighting urban and rural

The figure above illustrates the comparison of households on source of energy for lighting in rural and urban area. Majority of households in rural areas use flashlight as a source of energy for lighting with 48%, followed by electricity with 37% and candle with 16%, while in urban areas, electricity is used as a source of energy for lighting by majority of households with 37% followed by flashlight and candle which constitutes 32% and 26% respectively. Overall less than 10% of households use either Parafin, Gas or Firewood in both rural and urban areas.

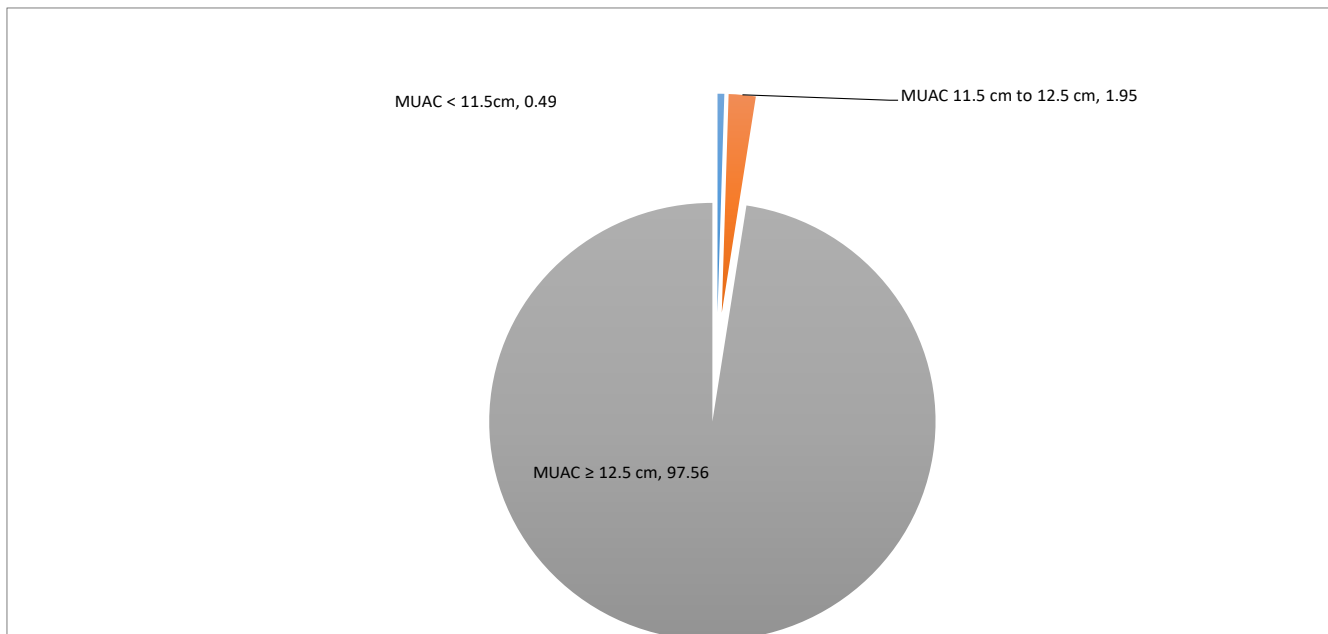
SOURCE OF ENERGY LIGHTING



G. HEALTH AND NUTRITION

1.1 MALNUTRITION

Global malnutrition: One thousand four hundred and thirty-four children under the age of 5 years out of 2861 sampled households, were assessed for malnutrition through the measurement of the circumference of the mid-upper arm.



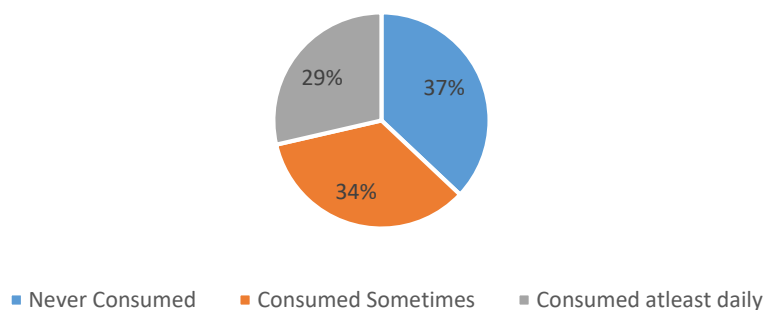
Seven children were found with a mid-upper arm circumference measure of < 11.5 cm, 28 children were found with a MUAC between 11.5 cm and 12.5 cm. The majority of children were found not malnourished. There were more female children, 19, found moderately malnourished, compared to only 9 boys with moderate malnutrition. The majority of the malnourished children were found in the age group 6 months to 24 months, where optimal infant and young child feeding practices are the most needed.

1.2 NUTRITION INTERVENTIONS

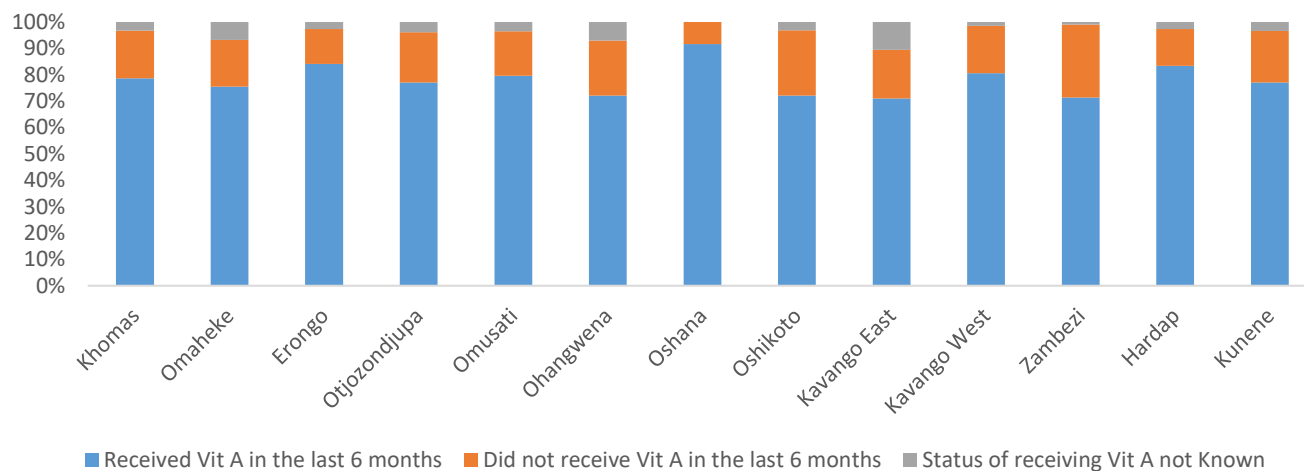
1.2.1 VITAMIN A SUPPLEMENTATION

The coverage of vitamin A supplements is 78% in Namibia, with the coverage in Khomas region the highest at 79% and 71% in Kavango East and Zambezi regions each at the lowest among all the regions.

Consumption of Vitamin A rich foods



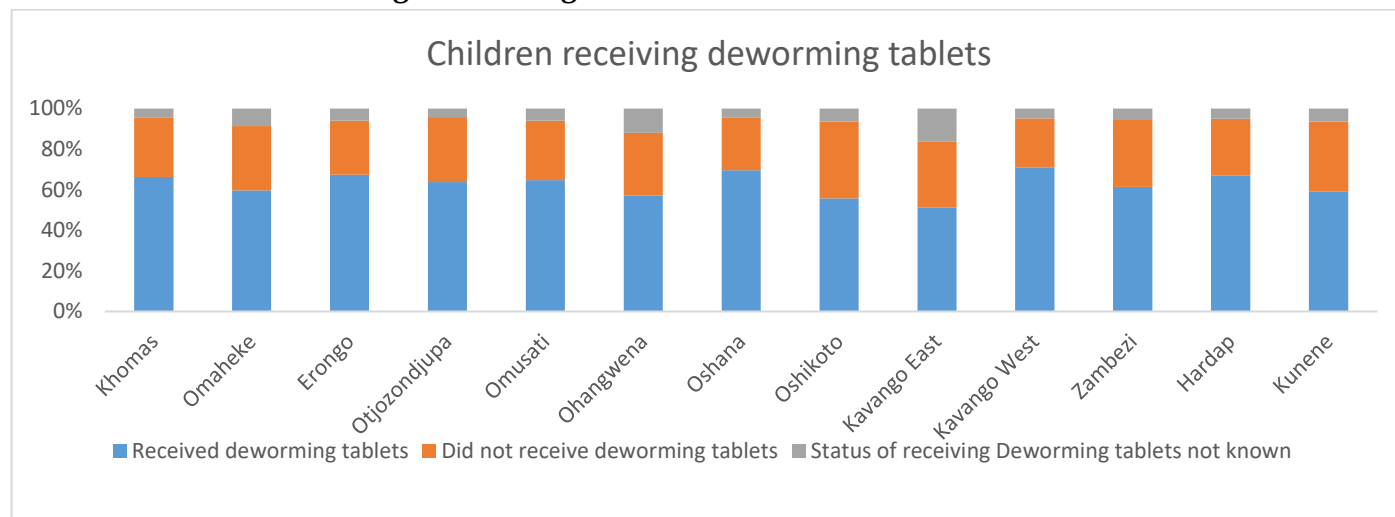
Children received Vit A supplementation



1.2.2 Deworming

Overall, deworming coverage is 63% in the sampled households, with deworming coverage the highest in Khomas region at 66% and the lowest in Kavango East at 51%.

Table ww children receiving deworming tablets



1.3 INFANT AND YOUNG CHILD NUTRITION

1.3.1 Solid foods

A total of 656 children from birth 24 months were sampled. Only about 88% were ever breastfed. About 60% of the children 0-5 months reported that they were eating solid, semi-solid or soft foods, thus these infants were not breastfed exclusively.

Table 00000 INTRODUCTION OF SOLID, SEMI-SOLID OR SOFT FOODS

Percentage of infants age 6-8 months who received solid, semi-solid, or soft foods during the previous day, FNSM, April 2019		
	Percent receiving solid, semi-solid or soft foods ¹	Number of children age 6-8 months
TOTAL	92.9	70
AREA		
Rural	91.1	45
Urban	96.0	25
SEX		
Male	89.7	29
Female	95.1	41

A total of 70 sampled children were 6 – 8 months of age. The majority of children receive solid, semi-solid or soft food at the appropriate age of introduction of complementary foods. The difference between rural and urban areas was small at 91% in rural areas and 96% in urban

areas. The difference between the sexes is also small as 95% of female children received solid, semi-solid or soft food at 6-8 months of age compared to only about 89% of male children.

1.3.2 Quality of diet

Only 54% of children received the minimum number of meals per day. More than 90% of children do not receive the required diverse diet during the day and as such almost 95% do not receive a minimum acceptable diet at all. It is only the children 6-8 months of age that receive the minimum number of meals per day. However, 97% of children 18 to 24 months do not receive the minimum acceptable diet.

There were four (4) children with severe malnutrition and 17 children with moderate malnutrition out of 438 children under the age of 2 years or 24 months. None of the children with a minimum acceptable diet were found to be malnourished. This is significant as it shows that the quality of the weaning food plays a major role in preventing malnutrition.

Table iiiii QUALITY OF THE DIET OF INFANT AND YOUNG CHILDREN

	Percent of children who received:			Number of children age 6-23 months
	Minimum dietary diversity ^{4,A}	Minimum meal frequency ^{5,B}	Minimum acceptable diet ^C	
TOTAL	8.9	54.6	5.7	438
AREA				
Rural	9.7	53.7	6.7	298
Urban	7.1	56.4	3.6	140
SEX				
Male	9.0	52.7	6.0	201
Female	8.9	56.1	5.5	237
Age (in months)				
6-8	7.1	72.9	5.7	70
9-11	9.8	52.9	5.9	51
12-17	9.5	52.3	52.3	222
18-23	8.4	47.4	3.2	95

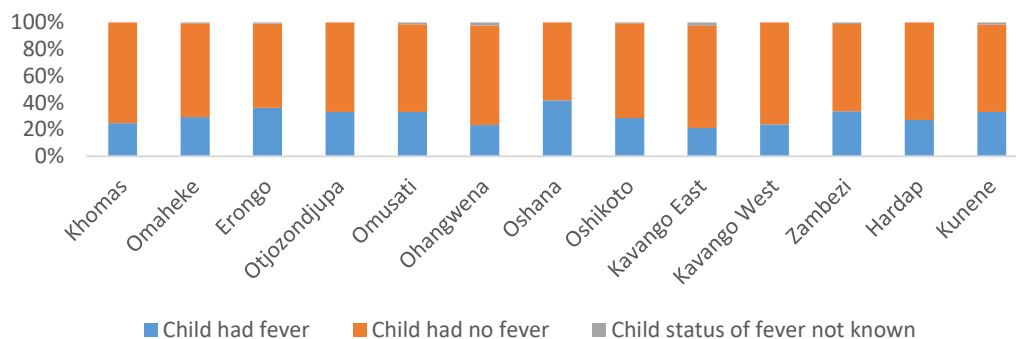
1.4 CHILD HEALTH STATUS

Children were assessed for the three most common childhood illnesses: fever, cough and diarrhoea. Only about 17% of children under five reported that they suffered from diarrhoea in the last two weeks. However, almost 30% each reported that they had fever and cough in the last two weeks.

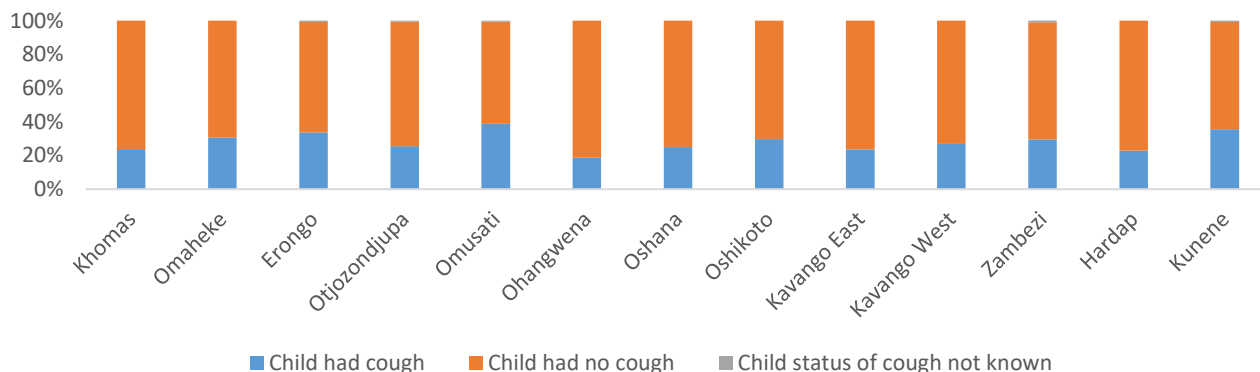
1.4.1 Child illness

The highest prevalence of fever among children under 5 was found in Oshana region at 41.7% followed by Erongo region with 36.3%. The highest prevalence of cough was found in Omusati region at 38.7%, followed by Kunene region at 35.6%. The highest prevalence of diarrhoea was found in Kavango West region at 23.9% and the lowest prevalence was found in Kavango East region at 10.5%.

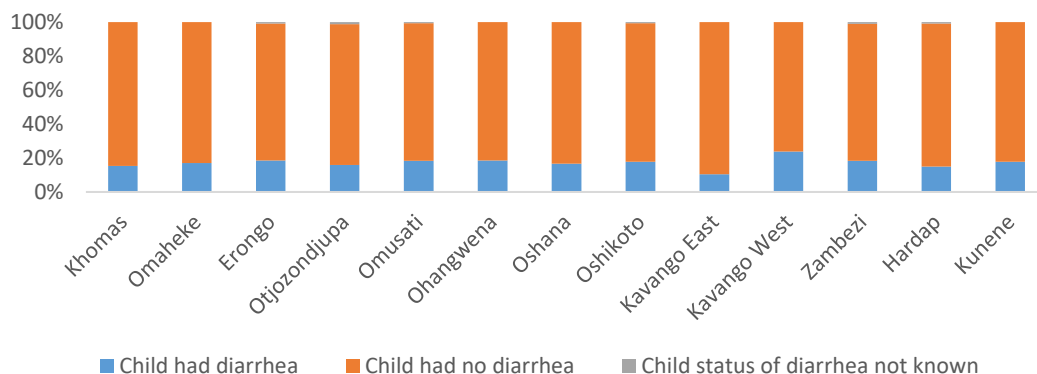
Children which had fever in the last 2 weeks



Children which had a cough in the past 2 weeks



Children which had diarrhea in the last 2 weeks

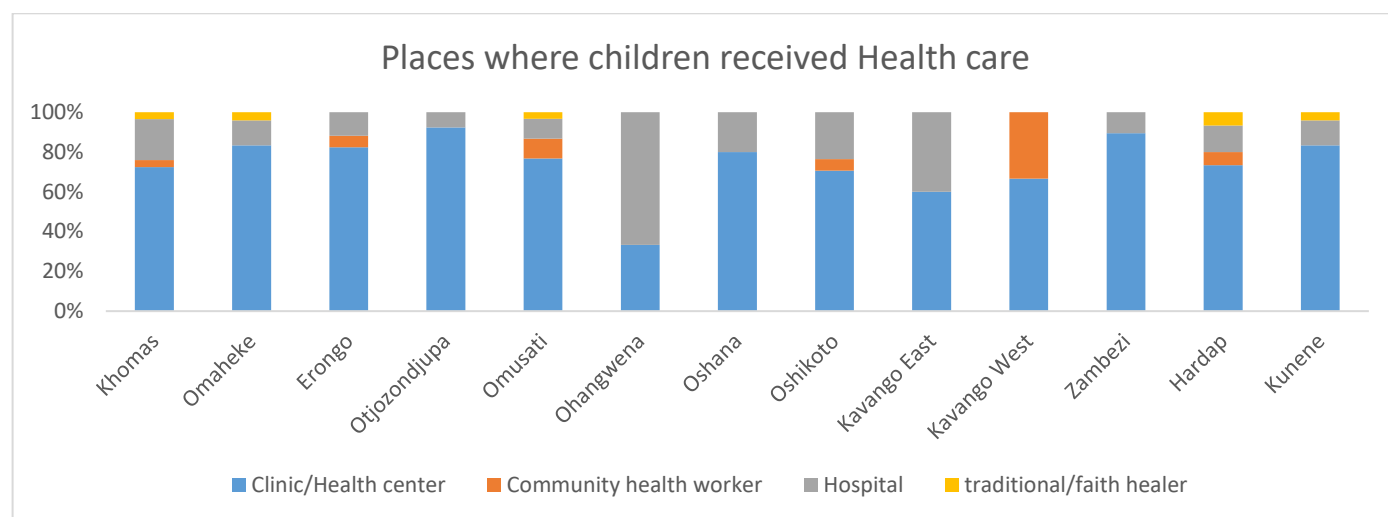


1.5 CARE SEEKING BEHAVIOUR FOR COUGH AND COLD

1.5.1 Places of care

The assessment found that the majority of caregivers would seek treatment and care from a health facility, with very few would go to a community health worker or traditional healer.

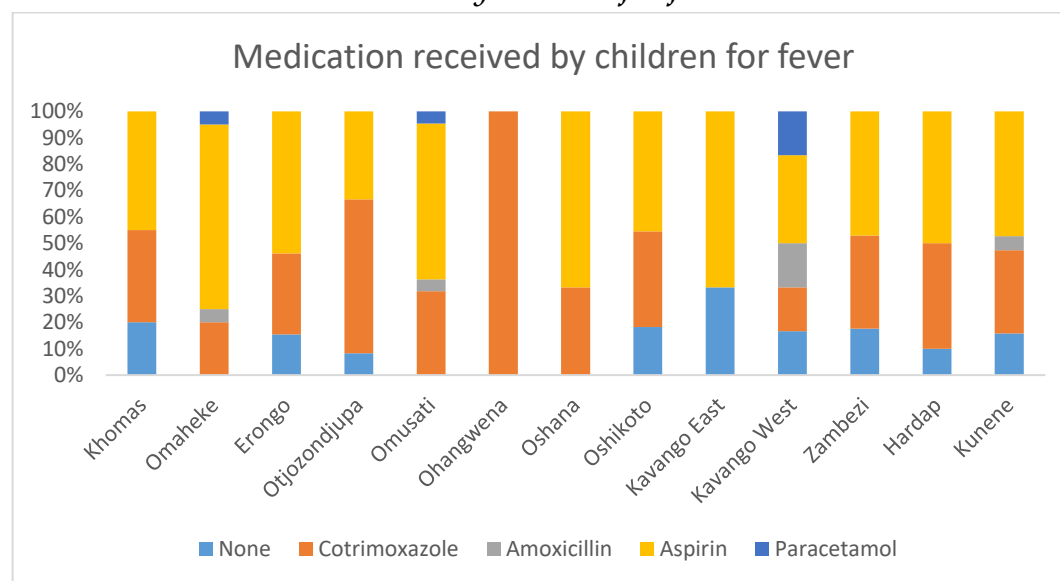
Table vvv Places where children received Health care



1.5.2 Treatment

The majority of the children would receive an antibiotic (34%) and aspirin (48%) as treatment for the cough. Antibiotics are the treatment of choice in the majority of the regions.

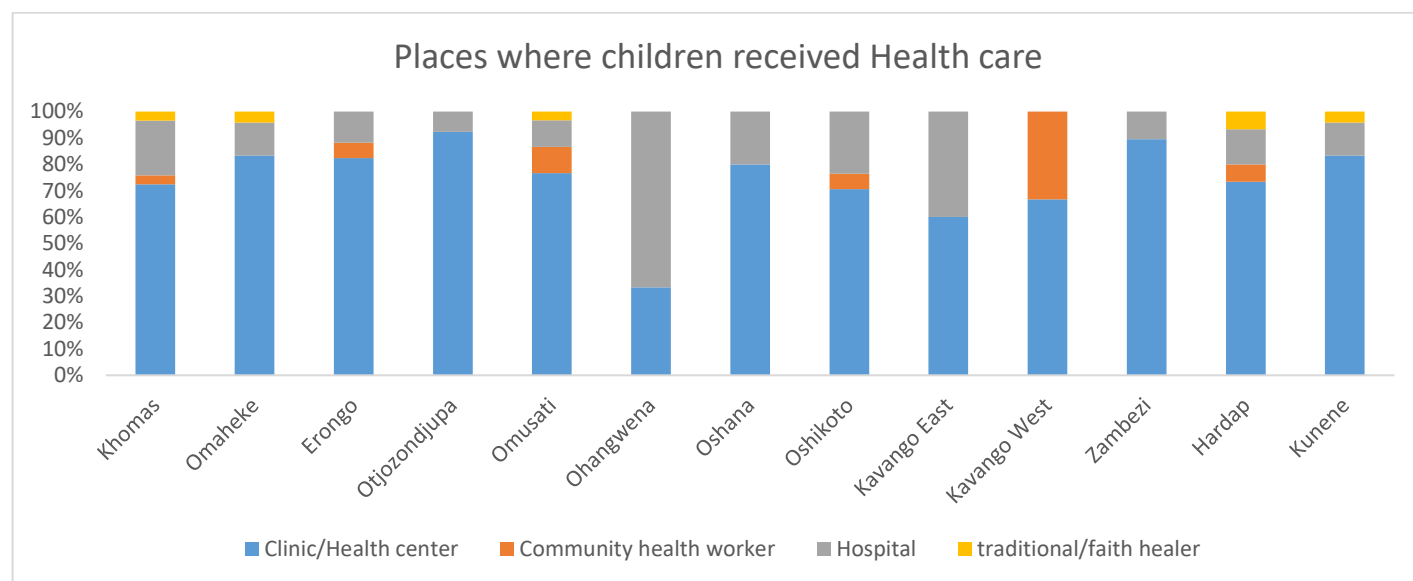
Table vvv Medication received by children for fever



1.6 CARE SEEKING BEHAVIOUR FOR DIARRHOEA

The majority of the respondents indicated that they would consult a medical professional for the treatment of diarrhoea. However, many respondents also indicated that they would consult a traditional healer, especially in Oshikoto and Kavango West regions.

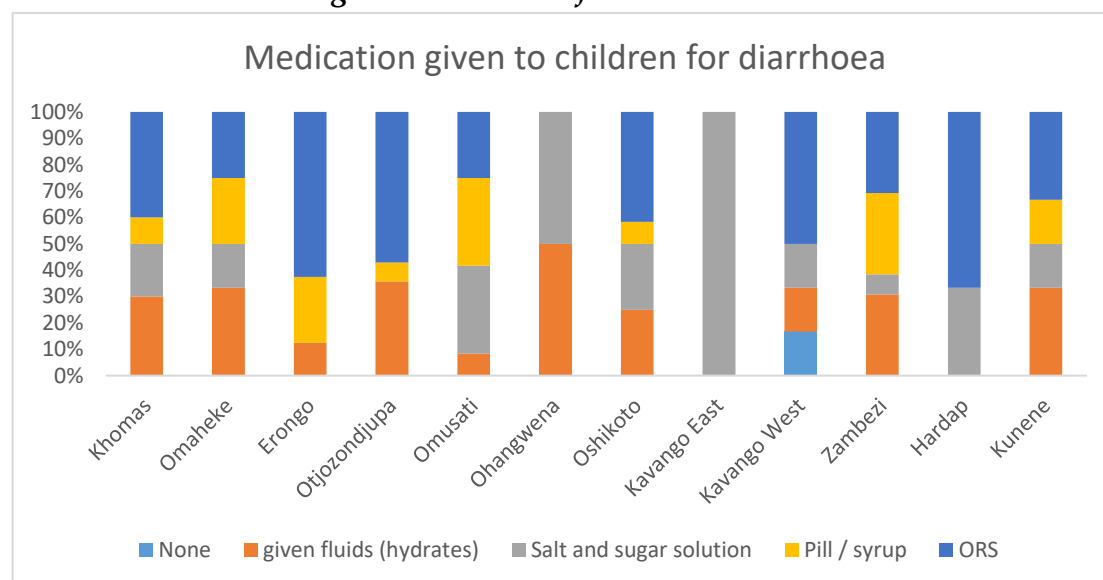
Table vvv Places where children received Health care



1.6.1 Diarrhea treatment

The majority of the respondents (39.4%) received Oral Rehydration Solution for the treatment of diarrhoea, 24% were told to give fluids to hydrate the child and 17% were educated to prepare the sugar and salt solution for the treatment of diarrhoea.

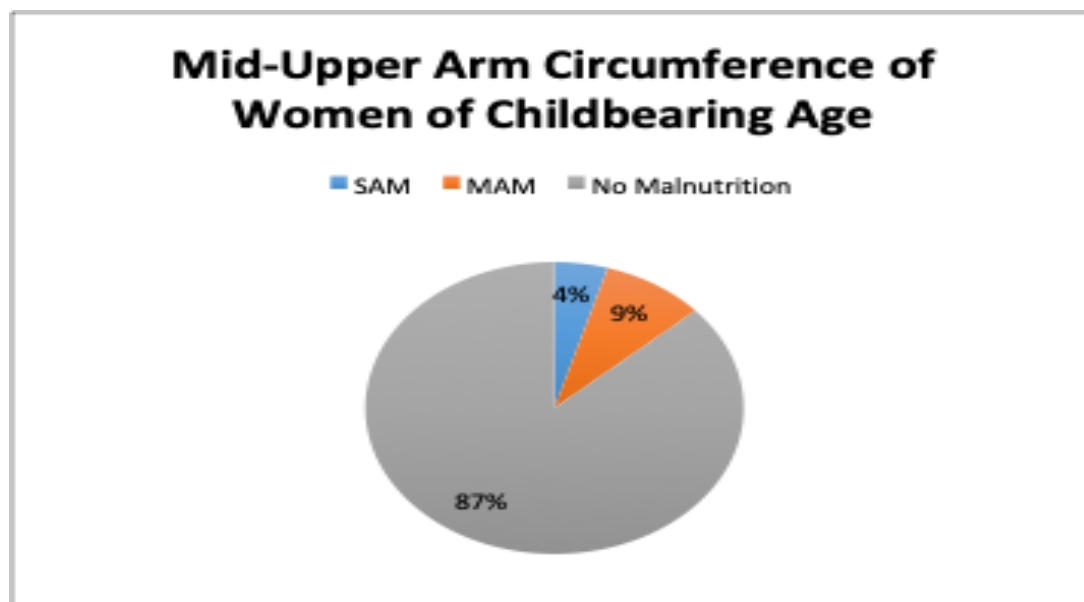
Table vvv Medication given to children for diarrhoea



1.7 HEALTH AND NUTRITION FOR WOMEN

1.7.1 Health and nutritional status of women of child bearing age (15-49 years of age)

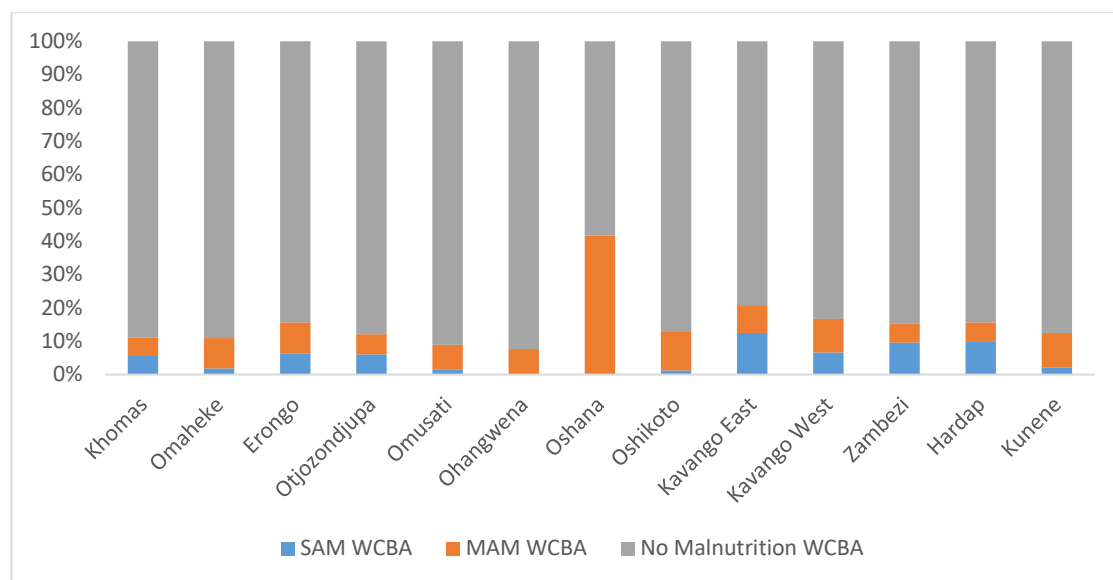
A total sample of 2242 women of child bearing age nutritional status were determined by measuring the circumference of their mid-upper arm.



Almost 5% of women of child bearing age were found to be severely malnourished with a mid-upper arm circumference of less than 19 cm. Almost 9% of women were found to have moderate malnutrition as measured by a mid-upper arm circumference between 19 cm to 22 cm.

Global acute malnutrition as defined by a mid-upper arm circumference below 22cm was at 13.4% and about 15% of women were identified as malnourished in urban areas compared to only 13% of women in rural areas.

Table vvv MUAC of WCBA who did bear children within 2 years from interview date



The highest prevalence of severe malnutrition among women of child bearing age was found in Kavango East, Zambezi and Hardap regions, however, moderate malnutrition overall was also prevalent throughout all regions.

Antenatal care, anti-tetanus immunization and iron/folate supplementation of women of childbearing age are life-saving health and nutrition interventions. Overall, 98% of women attended antenatal care during their last pregnancy. About 86% of women indicated that they have received an anti-tetanus vaccination and almost 92% of women indicated that they have received iron/folate supplements. Hardap and Oshikoto regions performed poorly in terms of the provision of tetanus immunization to women of child bearing age, with a coverage of only 66.7% and 77.3% respectively.

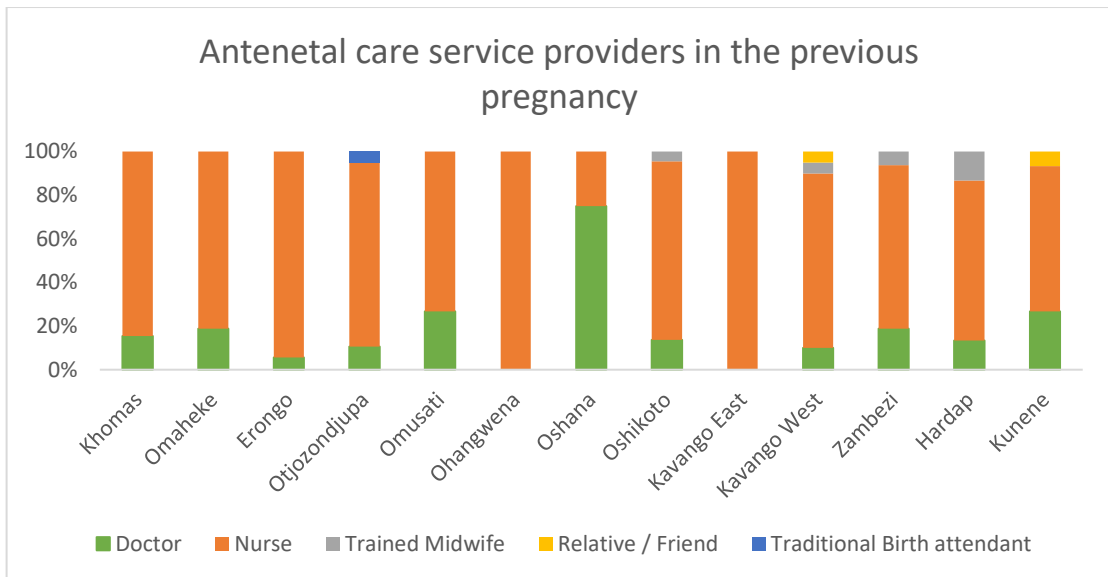
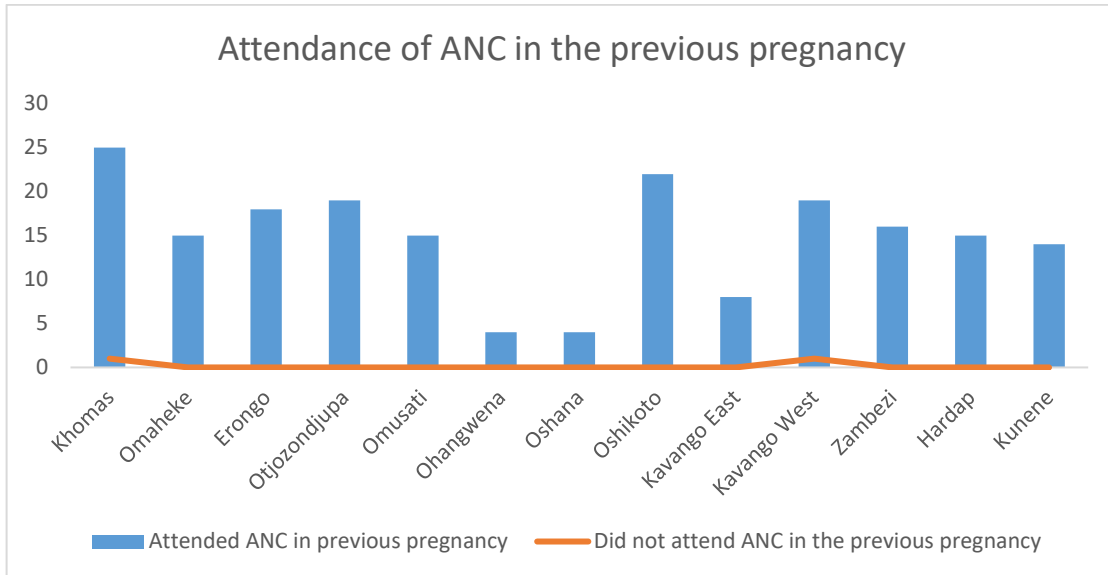
Table TC.2.1: Reported Antenatal Care, Tetanus immunization and Iron/Folate Supplementation received.

Percentage of women 15-49 years of age who received antenatal care, tetanus immunization and Iron/Folate supplementation during the last pregnancy, FNSM, April 2019

	Percentage of women 15-49 years of age who received:			Number of Women 15-49 years
	Antenatal Care	Tetanus Immunization	Iron/Folate Supplementation	
Total	98.0	86.4	91.9	194
Area				
Urban	98.3	85.0	91.7	60
Rural	97.8	87.0	92.0	138
Region				
Erongo	100.0	94.4	94.4	18
Hardap	100.0	66.7	86.7	15
Khomas	96.2	87.5	100.0	26
Kavango East	100.0	85.0	95.0	8
Kavango West	95.0	96.2	100.0	20
Kunene	93.3	80.0	80.0	15
Ohangwena	100.0	100.0	100.0	4
Omaheke	93.8	81.3	81.3	16
Omusati	100.0	80.0	86.7	15
Oshana	100.0	100.0	100.0	4
Oshikoto	100.0	77.3	90.9	22
Otjozondjupa	100.0	94.7	89.5	19
Zambezi	100.0	93.8	100.0	16

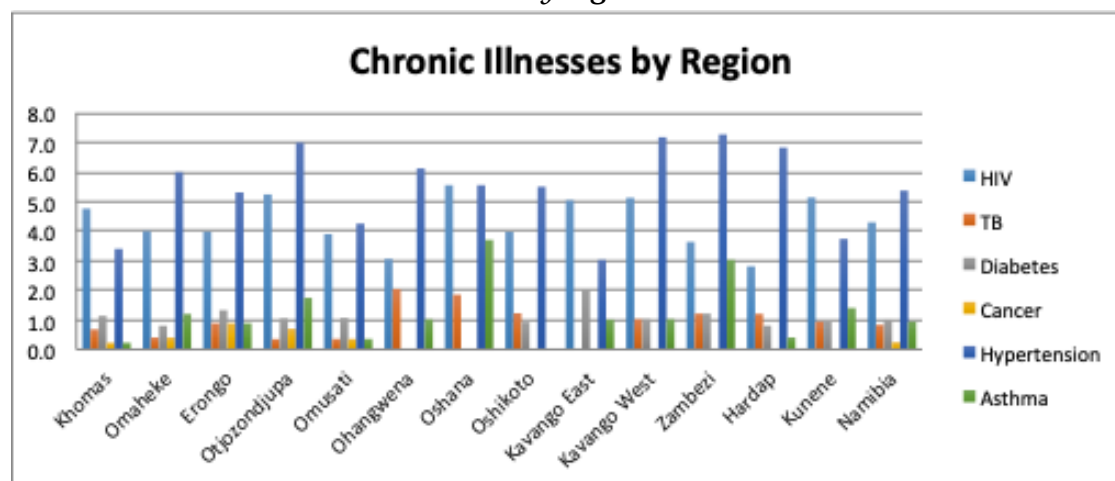
1.7.2 Antenatal care seeking behaviour

The majority of women indicated that they consulted a doctor or a nurse for antenatal care during their last pregnancy. There is also very little difference between urban and rural areas with regards to women consulting health professionals during their last pregnancy.



1.8 CHRONIC ILLNESSES

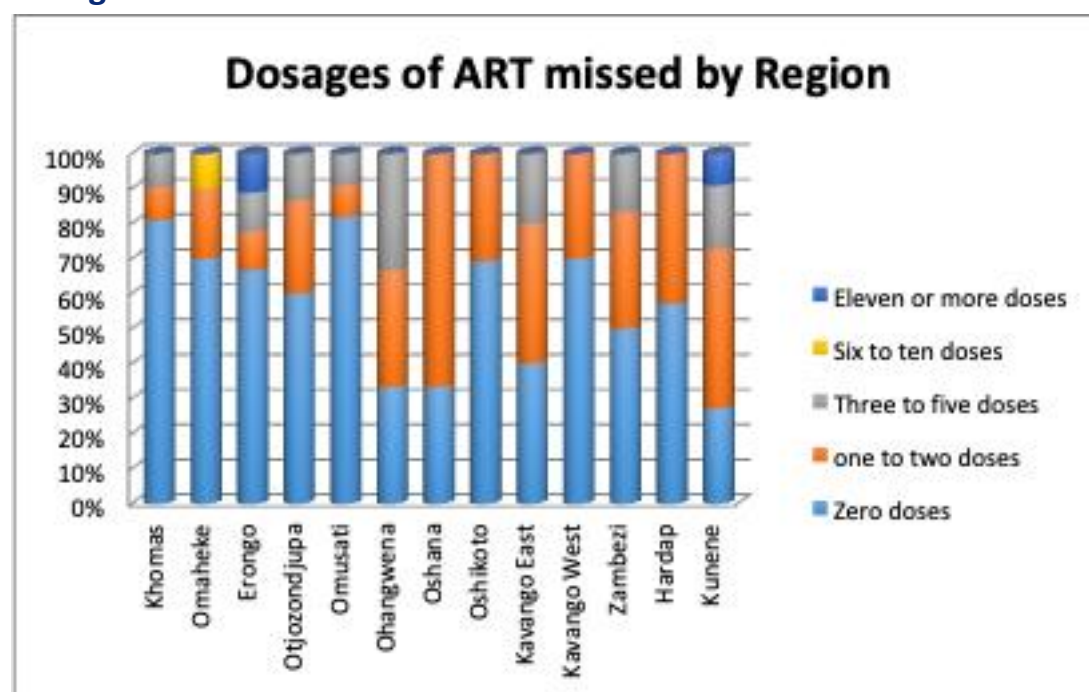
Table uuuuuuuuuuu Chronic illness by region



Overall the respondents indicated that they suffer from chronic illnesses such as HIV (4,3%), TB (0.8%), Hypertension (5.4%), Diabetes (1.0%), Asthma (0.9%) and Cancer (0.2%). The regional distribution of chronic illnesses are fairly evenly distributed across regions, with asthma higher in Oshana and Zambezi regions and TB higher in Ohangwena and Oshana regions compared to the remaining regions.

1.8.1 ART

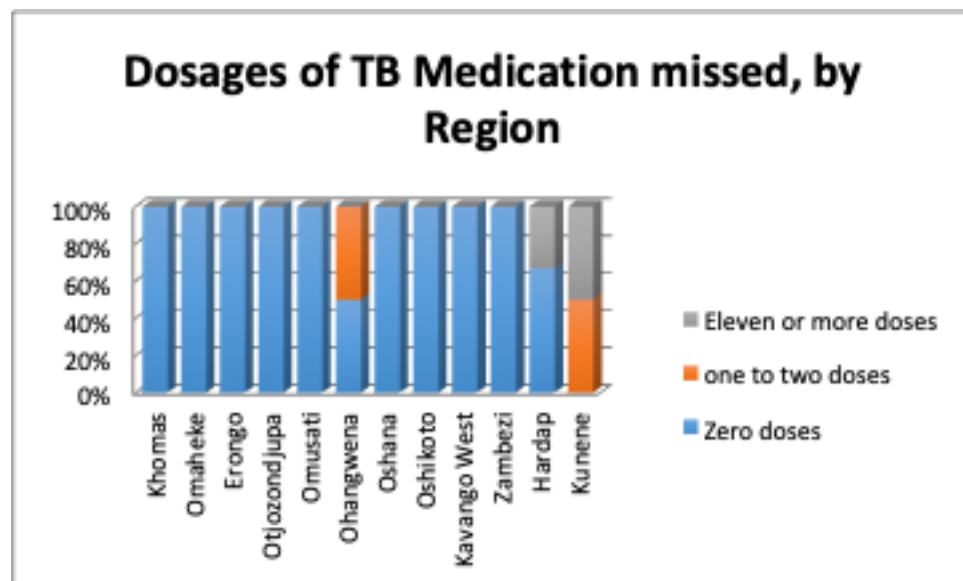
Dosages of ART missed



The assessment showed that the majority of the respondents do not miss the scheduled dosages of ART, followed by respondents missing one or two dosages.

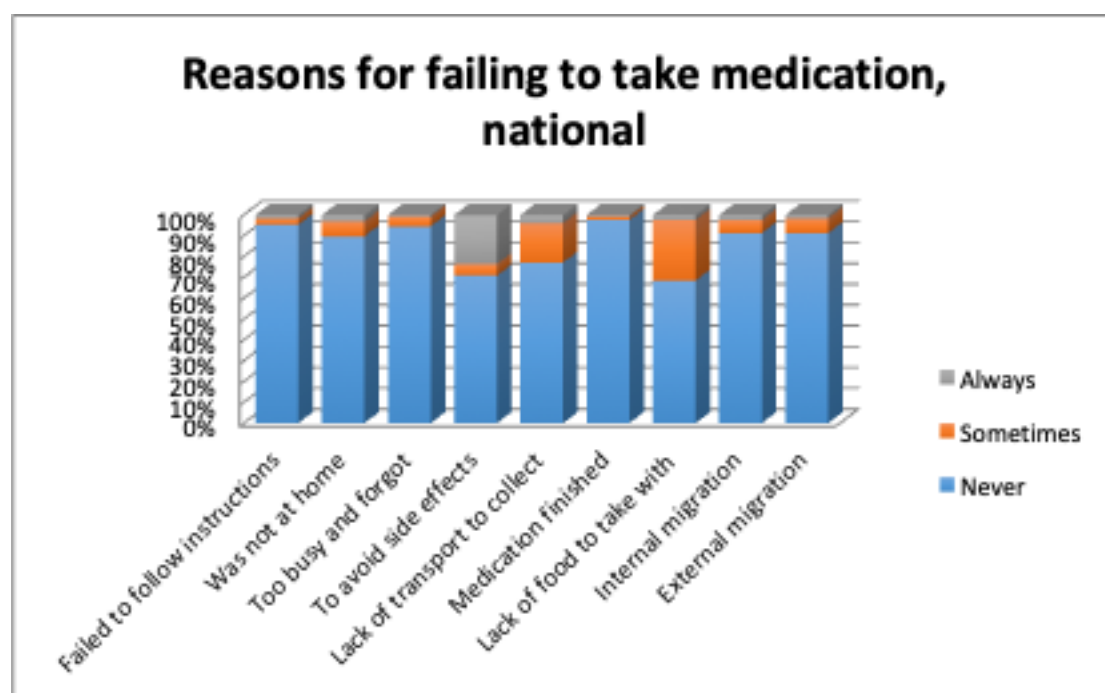
1.8.2 TB

Dosages of TB missed



The majority of respondents indicated that they never miss their TB medication doses. However, Ohangwena region indicated that they do miss one or two doses. Hardap and Kunene regions also indicated that they do miss one or two doses to missing all their doses of TB medication.

1.8.3 Reasons for failing to take medication



The respondents mentioned lack of transport to collect their medication and lack of food as the major reasons for missing taking their ART and TB medication.

Recommendations and way-forward

- Productivity levels can be improved through investment in research, extension, and communication and irrigation infrastructure. Investment needs to include research to develop appropriate crop varieties, extension services to spread suitable intermediate technologies and raise farm productivity, timely public market information to help stabilize markets and irrigation infrastructure to ensure the most efficient use of water.
- Climate change is a certain phenomenon affecting the global temperature and rainfall pattern in Namibia. Crop successes in the future will continue to depend on strategic breeding improvements to relieve specific environmental and disease problems.
- Regions classified as extremely food insecure or food insecure should be targeted with special production programmes.
- Water availability remained a serious issue and the shortage of water is forecasted to continue in the future and the situation may further deteriorate. The agriculture sector is heavily dependent on rain-fed and irrigation in Namibia. There is a need to make sustainable plans for the conservation and efficient use of water.
- Strengthening the social safety nets, the process of identification of food insecure people, and process of delivery of social safety benefits is a must to ensure access to food for an extremely food insecure population. It is recommended that food insecure constituencies must be focus of special attentions for social safety strategies such as drought relief Program.
- Efforts should be made to provide livelihood opportunities in the worst affected regions.
- Due importance should be given to nutrition, water and sanitation schemes in the public sector development programs.
- Build the capacity of community health workers to
 - screen children under 5 for malnutrition and referral to nearest health facilities.
 - Provide health and nutrition education to communities and household members about breastfeeding and the introduction of safe and nutritious complementary food to increase the diversity of the diet and meals of infants and young children.
- Provide supplementary food e.g. fortified food, to households with children under the age of two to improve the intake of micronutrients

-
- Encourage the good practices of vitamin A supplementation and deworming of children under 5 years and the attendance of antenatal care, iron/folate supplementation and the completion of tetanus immunization.

FOOD AND NUTRITION SECURITY TERMS AND DEFINITION

1.8.4 FOOD AVAILABILITY:

Food availability can be described as the extent to which food is within the reach of households (i.e in local shops and markets), both in term of sufficient quantity and quality. It is also strongly related to the overall availability of food, which is determined by domestic food production, commercial food imports, food Aid, road and market infrastructure, degree of market integration and local market institutions.

1.8.5 MARKET PRICE INFORMATION:

Market price information provide an indication of household affordability given its income levels. Any food price increases can actually limit households, food access thereby compromising its food security.

1.8.6 FOOD ACCESS:

Food Access is to a large extend determined by food prices and household resources. Important drivers of food access are household resources, food prices, food preference and social political factors such as discrimination and gender inequality.

1.8.7 HOUSEHOLD FOOD CONSUMPTION SCORE:

Household food consumption was measured using the Food Consumption Score (FCS) technique, which is a composite of dietary diversity and food fragrance measures. Dietary diversity refer to the number of different foods or food groups consumed, and food fragrance refers to the food consumed over a 7- day period.

1.8.8 HOUSEHOLD COPING STRATERGIES:

The coping strategies are proxy indicators for food – access related food security. They can provide inside into how households cope with income and food shortfalls.

1.8.9 PURCHASING POWER:

In food security terms, the household purchasing power is a measure of the quantity and quality of food products that a particular household can afford to buy with the available income. Purchasing power is analyzed by calculating the terms of trade using example wage rates, food retail prices, livestock prices etc. The terms of trade are set to be favorable if the income obtained from the sale of one animal (say cattle) enables the household to buy a sizeable quantity of food, in this case maize meal.

1.8.10 MAIN INCOME SOURCES:

Income sources constitute a food access indicator that identifies the reliability and sustainability of household income sources and levels of household earning. Sources of income are thus directly related to the economic activities of household members. Hence, field data on income sources is collected from the sentinel sites to ensure that the basis for sustaining households is accurately reported.

1.8.11 FOOD UTILISATION:

Food utilization refers to an individual's ability to absorb and metabolize nutrients. Monitoring the impact of disease, care, quality, sanitation and the quality and composition of diet on nutritional outcomes is essential for a full understanding of food security.

Water and sanitation are also food utilization indicators. If not properly managed, improper water and sanitation practices can impact an individual's ability to utilize the nutrients appropriately, leading to malnutrition and consequently food insecurity.

1.8.12 MID UPPER ARM CIRCUMFERENCE:

MUAC can be measured easily, quickly and allows health workers to quickly determine if a patient is acutely malnourished. Values below the cut-offs of 12.5 mm and 11.5 mm are used to define moderate and severe acute malnutrition respectively. It measures the circumference of a patient's arm at the midpoint between his or her shoulder and elbow.

1.8.13 BREASTFEEDING PRACTICES:

All children from 0-6 months should be exclusively breastfed. Breastfeeding should be extended till 24 months, with additional complementary foods.

1.8.14 CLASSIFICATION OF FOOD CONSUMPTION SCORES:

"Poor" food consumption is generally regarded as a sign of extreme household food insecurity. It refers to a diet composed mainly of cereals on a daily basis and vegetables for a maximum of 4 days per week. (FCS: 0.5 to 21.0: Poor)

"Borderline" food consumption is classified as a diet made up of cereals and vegetables on a daily basis plus oils/fats for 5 days and sugar/sugar products for 3 days per week (FCS: 21.0 – 34.5; Medium)

"Acceptable" food consumption is classified as daily intake of cereals, vegetables, oil and sugar, and at least one day consumption of food rich in protein (FCS: 35 and above: Acceptable)

1.8.15 FOOD CONSUMPTION SCORES – NUTRITION (FCS-N):

The FCS-N analysis looks at how often a household consumes food which is rich in nutrient content as required such as vitamin A, protein and Iron.

1.8.16 CONSOLIDATED APPROACH FOR REPORTING INDICATORS ON FOOD SECURITY (CARI):

CARI is a standardized approach for assessing and reporting on household food insecurity. It culminates in a food security console which supports the reporting and combining of food security indicators in a systematic way. Central to the approach is an explicit classification of households into four descriptive groups: food secure, marginally food secure, moderately food insecure, and severely food insecure. The classification provides an estimate of food insecurity within the target population whether it is calculated at the national or sub-national level. The food security console is the final output of the CARI. It combines a suite of food security indicators into a summary indicator called the Food Security Index (FSI) – expressed as a percentage – which represents the population's overall food security status.

DISCUSSIONS

- Namibia Food Security - Namibia is passing through one of the most difficult times of its history. The impact of this long-lasting drought remains quite visible at various levels. Social development and livelihood sources are gradually depleting, and many people have become food insecure, and fertile agricultural land is becoming unproductive. As the data indicates, the country is divided into four categories, vis-à-vis food security; i.e., extremely insecure; insecure; at the borderline, and reasonably secure. The results show that Namibia at the household, Region and country level has become more food insecure compared to 2018. Many households in some regions became food insecure, while others became extremely food insecure. The food security situation at the household level is much more severe. The widening gap between household own production, income and market prices has compelled many households to reduce their food intake or opt for cheaper food sources. The increase in extremely food insecure households depicts an alarming situation, where people could not be able to meet their requirements adequately. In the second grouping, food insecure, the number of districts more than doubled in 2009 compared to 2003 (from 16 to 35). On the other hand, the food secure districts reduced from 34 percent to 20 percent.

ANALYSIS – CONCLUSIONS

LOGISTICS RECOMMENDATIONS AND WAYFORWARD

SURVEY FINDINGS RECOMMENDATIONS AND IMPLEMENTATION PLAN

ANNEX 1..... SURVEY TOOLS