Namibia Vulnerability Assessment Committee (NAMVAC)

Namibia 2022/23 Vulnerability Assessment and Analysis (VAA) Findings

January 2023

Foreword

The Namibia Vulnerability Assessment and Analysis (VAA) 2022/23 assessment is an annual assessment coordinated by the Office of the Prime Minister under the auspices of Namibia Vulnerability Assessment Committee (NAMVAC). The NAMVAC is established in line with Section 13 of the DRM Act No 10 of 2012 to collect and analyse livelihood and food security data to inform policy decision making on annual basis.

The assessment is conducted by staff members from different Offices, Ministries and Organisations (OMAs), Regional Councils, civic society organizations (Namibia Red Cross Society & Catholic Aids Action), University of Namibia and the United Nations (FAO, UNDP, WHO, WFP & UNICEF).

The 2022/23 VAA was conducted between March-August 2022 in all 14 regions of Namibia and collected data at National, Urban, Rural and Regional level. A total of 209 PSUs were chosen for the sampling design out of the 14 regions (98 PSUs in rural areas and 111 PSUs in urban areas across Namibia).

The main objective of the assessment of the assessment is to inform policy planning and decision making on livelihood and food insecurity. The following sub-objectives were used to achieve this main objective: evaluate the nation's status in terms of food and nutrition security, currently and in the future; monitor food security and livelihood patterns as part of early warning; identify the needs for interventions and policy-related actions & provide recommendations to stakeholders and policymakers.

The primary data collection were supplemented by secondary data from the crop assessment conducted by the Ministry of Agriculture, Water and Land Reform (MAWLR), food prices & inflation data from Namibia Statistics Agency (NSA) and fuel prices from Ministry of Mines and Energy (MoME). Indicators covered are the socio-economic factors such as poverty, employment status, inflation, covid-19, drought, locust outbreak and livestock diseases; water and sanitation; food security indicators; different hazards and copings strategies at household level & the integration of nutrition indicators.

I therefore would like to express our sincere gratitude and appreciation for all the support that was received from various stakeholders who contributed to the successful implementation of this survey. Particularly, our gratitude goes to the users and producers who provided inputs to survey data collection instruments. Furthermore, our appreciation goes to the household members who participated in the survey and provided the required information. We would also like to thank all Regional, Local, Political and Traditional leaders and the general public for their support and cooperation to ensure that the importance of the survey was explained to their respective communities.

Also, I would like to express my sincere thanks to the development partners such as the United Nation Organizations and the SADC Secretariat for their technical and financial support which leads to the completion of this survey. Finally, I would like to thank the Government of the Republic of Namibia for its continued funding of this survey.

I hope that the users will find this report informative and use it to support evidence-based planning for the development of the country at all levels.

I-BEN NATANGWE NASHANDI
EXECUTIVE DIRECTOR
Windhoek, April 2023

Executive Summary

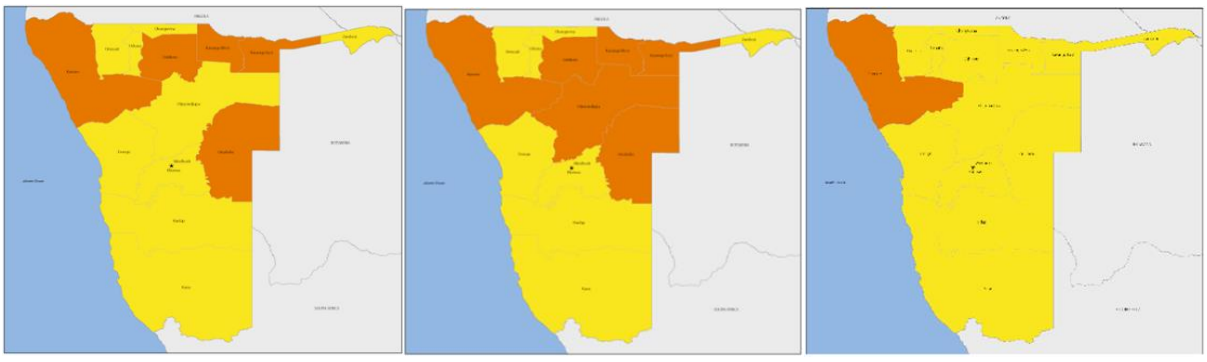
The food security situation has significantly improved compared to last year as the country recovers from the impacts of Covid-19 and climatic shocks. According to the IMF sharp losses in tourism, retail, commerce and investments, health, and education have been identified to have had put pressure on the country.

According to the updated estimates for the whole crop, the nation has harvested 151,723MT, which is 23% more than the normal annual production of 123,710MT and 1% less than the harvest of 153,028MT from previous season.

Between September and December 2022, an estimated 376,000 people (or 16% of the population), according to the most recent IPC Acute Food Insecurity Analysis conducted in October 2022, will be experiencing Crisis or worse (IPC Phase 3 or higher), with about 6,000 of those people expected to be in Emergency (IPC Phase 4). Kavango East, Kavango West, Kunene, Omaheke, and Oshikoto are the six regions that make up the overall Crisis (IPC Phase 3) classification. This duration encompasses the first half of Namibia's lean season, when prices start to rise and most households would have used up their own production's stocks. When compared to last year, this is however a significant improvement in the food security situation of the country.

The food security situation is projected to worsen between January and March 2023, which corresponds to the final and second half of Namibia's lean season, with 390 000 people forecasted to experience high levels of acute food insecurity (IPC Phase or above). There will be a rise to 6 in the number of regions classified as being in Crisis (IPC Phase 3 or higher) (Kavango East, Kavango West, Kunene, Omaheke, Oshikoto, and Otjozondjupa) It is expected that as households exit the festive period with few opportunities for casual work and face rising and above-average food prices made worse by inflation, rising fuel prices, and the effects of the Ukraine/Russia conflict, the food security situation will deteriorate even further.

Between April and August 2023, it is projected that the food security situation will improve as households start consuming food from their own production, which marks the beginning of the 2023–2024 consumption period, as a result of normal to above normal rainfall projected for the 2022–2023 rainfall season. During this period, it is estimated that 234 000 people (or 9% of the population) will experience high food insecurity between April and August 2023. (IPC Crisis or above). The impact of the conflict in Ukraine/Russia is predicted to lessen during Namibia's post-harvest season and above-average production is anticipated in South Africa.



During the projection period January and March 2023, which signifies the second and last half of the lean season in Namibia, the food security situation is expected to deteriorate, with 234 000 people (or 9% of the population) are estimated to face high levels of acute food insecurity (IPC Phase 3 or above).

The number of regions classified in Crisis (IPC Phase 3 or above) will also increase from 5 to 6 out of 14 analysed regions mostly in the northern parts of the country. The food security situation during this period is expected to deteriorate further as households come out of the festive season with limited casual labour opportunities facing increasing and above average food prices exacerbated by inflation, increase in fuel prices and the impact of Ukraine/Russia conflict.

During this projected period (January - March 2023), the prices are expected to trend significantly above the five-year average as households will have depleted their own food stocks and face the increased impact of inflation, low purchasing power and Ukraine/Russia conflict. However, the good production realised in neighbouring South Africa will ensure that the country has food readily available in the markets.

IPC Phase Description

Phase name and description	Phase 1 None/Minimal	Phase 2 Stressed	Phase 3 Crisis	Phase 4 Emergency	Phase 5 Catastrophe/ Famine
	Households are able to meet essential food and non-food needs without engaging in atypical and unsustainable strategies to access food and income.	Households have minimally adequate food consumption but are unable to afford some essential non-food expenditures without engaging in stress-coping strategies.	Households either: • Have food consumption gaps that are reflected by high or above-usual acute malnutrition; or • Are marginally able to meet minimum food needs but only by depleting essential livelihood assets or through crisis-coping strategies.	Households either: • Have large food consumption gaps which are reflected in very high acute malnutrition and excess mortality; or • Are able to mitigate large food consumption gaps but only by employing emergency livelihood strategies and asset liquidation.	Households have an extreme lack of food and/or other basic needs even after full employment of coping strategies. Starvation, death, destitution and extremely critical acute malnutrition levels are evident. (For Famine Classification, an area needs to have extreme critical levels of acute malnutrition and mortality.)

Overall admissions for acute malnutrition (SAM and MAM) were 31% higher comparing 2021 and 2022. Nationally, 43.5% of caregivers of children under the age of 5 indicated that their child had experienced at least one illness, either a cough, fever, diarrhoea, or pneumonia in the two weeks preceding the survey. Most caregivers (61.4%) reported that they had taken their children to a clinic or health centre after the child developed either a cough, fever, cough with rapid short breaths, or diarrhoea compared to 7.8% who took their children to the hospital, 7.0% who took their children to the traditional healer, and 5.4% who took their children to the community health worker. Meanwhile, 18.5% of carers did not take their children for treatment.

Out of all the caregivers with children under the age of 5 years, 88.4% reported that their child had received one dose of vitamin A supplementation over the past 6 months, and 86.0%% reported that their child had received two doses of vitamin A supplementation over the past 12 months. At least three quarters of the children under 5 years received adequate supplementation for Vitamin A during the last 12 months prior to the survey.

Namibia is predominantly a breastfeeding nation, where over 90% of caregivers reported that their children had been breastfed. However, there is need to strengthen the promotion of continued breastfeeding as only 45% reported that their children were still breastfed at one year, and less than one in five caregivers reported that they continued to breastfeed their children at the age of 2 years.

Preventative measures for acute malnutrition in children under five are to be strengthened, not only through improvement of food access, but also through improved caring practices health seeking behaviour, and provision of access to clean water, sanitation, and improved hygiene practices.

Multiple sectors need to come together for the promotion, protection, and support of exclusive breastfeeding for the first 6 months of a child's life and continued breastfeeding with adequate nutritionally balanced complementary foods introduced at 6 months of age.

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List of Acronyms

EAs	Enumeration Areas
FCS	Food Consumption Score
FIES	Food Insecurity Experience Scale
GDP	Gross Domestic Products
HDDS	Household dietary diversity Score
IMF	International Monetary Funds
IPC	Acute Food Insecurity Phase classification
LCS	Livelihood coping strategy
MHSS	Ministry of Health and Social Security
NAMVAC	Namibia Vulnerability Assessment and Analysis Committee
NGOs	Non-Governmental Organisation
NSA	Namibia Statistics Agency
ODK	Open Data Kit
OPM	Office of the Prime Minister
PSUs	Primary Sampling Units
RCSI	Reduced Coping Strategy Index
UNAM	University of Namibia
UNICEF	United Nations International Children's Emergency Fun

Introduction

Macroeconomic Overview

The Namibian economy has begun to gradually recover after experiencing a severe contraction as a result of the COVID-19 pandemic. After a severe decline in the economy in 2020, real GDP growth reached 2.7% in 2021, and the recovery accelerated in the first half of 2022. (IMF 2022). Sharp losses in tourism, retail, commerce and investments, health, and education have been blamed for this.

Background

Namibia established the Namibia Vulnerability Assessment and Analysis Committee (NamVAC) by legislation to regularly assess the country's vulnerability, food, and nutrition security situation. The Office of the Prime Minister (OPM), namely the Directorate of Disaster Risk Management, chairs NamVAC, which is made up of government ministries, UN agencies, non-governmental organisations (NGOs), academic institutions, and the corporate sector. NamVAC is required to carry out biannual analyses of livelihood vulnerability in all regions, with an emphasis on both urban and rural areas. Its first assessment is often done in April or May to see how much the crop will be affected by shocks like floods and heavy rain. Based on a number of assumptions, including price trends for food and non-food commodities, the availability of seasonal labour on farms, and the supply of food, the assessment anticipates the vulnerability situation later in the consumption period.

The second assessment is carried out in the months of October and November to revise the April and May findings and evaluate the presumptions made at that time. Due to a lack of resources, the NamVAC only performed one vulnerability assessment and analysis this year. In August 2022, the assessment was carried out, and enumerators received training in listing, map reading, open data kit (ODK) for data transfer, data collection, Integrated Food Security Phase Classification, and analysis.

The fundamental goal of these assessments and analyses is to deliver timely findings to the stakeholders and decision-makers in government. The assessments and analysis focus on how shocks and hazards affect people's livelihoods, access to food, and nutritional security.

The NAMVAC makes suggestions based on assessment results that range from immediate interventions to long-term development programmes.

Objectives

The main goal of the assessment and analysis is to deliver timely, reliable information regarding Namibia's current state of food and nutrition security in order to support evidence-based planning and decision-making.

The following are some of the specific goals of the vulnerability assessment and analysis:

A. Evaluate the nation's status in terms of food and nutrition security, currently and in the future.
B. Examine how hazards may affect people's access to, use of, and stability of food, non-food items, and services in the present and the future.
C. Assess factors affecting health and nutrition status of women of childbearing age and children under five years old.
D. Evaluate the iodine level of the population and the micronutrient fortification status of common foods, cooking oil, and salt.
E. Monitor food security and livelihood patterns as part of early warning.
F. Increase the technical expertise of NamVAC (Namibia Vulnerability Assessment Committee) members
G. Identify the needs for interventions and policy-related actions.
H. Offer recommendations to stakeholders and policymakers

Methodology

Survey design

The multi-stage cluster systematic random sample survey design was used for the 2022 Namibia Vulnerability Assessment and Analysis. The Namibia Statistics Agency (NSA) created the sample plan in order to comply with NSA data gathering criteria. The NamVAC used this sample design for the second time having started in 2021. The Primary Sampling Unit served as the sampling unit (PSUs). First, a total of 209 PSUs were chosen for the sampling design out of the 14 regions (98 PSUs in rural areas and 111 PSUs in urban areas across Namibia). Second, a PSU's households were listed. Thirdly, software for tablet computers was used to conduct personal interviews with a fixed number of 15 households using equal probability systematic sampling.

The assessment covered 2,521 households. The sampling frame of the assessment was based on the 2011 Namibia Census sampling frame designed by NSA.

Questionnaire design and sample collection

The household and key informant questionnaires, which were created and utilised during the 2021 assessment, were used in the assessment with slight changes in the questions administered. The questions asked about household demoFigureics, food consumption, nutrition and health, water and sanitation, crop and livestock productivity, and food sources and costs. More questions on influencers of nutrition status and micronutrients were included to the household survey by MHSS, UNICEF, and the University of Namibia (UNAM). For mobile data collection, the questionnaires were created in XLSForm format, a Microsoft Excel spreadsheet.

In order to check the amounts of micronutrients, particularly salt iodine, vitamin A in oil, and iron in meal or flour, the assessment also collected food samples, such as cooking oil, cereal meal or flour, and salt.

Primary data collection and data transmission

Primary data were gathered in sampled PSUs and all 14 regions. At each sampled PSU, fifteen households and one key informant were interviewed. Structured questionnaires served as a framework for the interviews, and Android devices were used to record responses. Data was gathered and sent to the NSA server using ODK collect.

Use of secondary information

In order to supplement main data during data analysis, a significant amount of secondary data was gathered both at the regional and national levels. The secondary data gathered included, among other things, the performance of the 2021–22 rainy season in terms of rainfall, agricultural production, market prices, and dangers.

Demographics

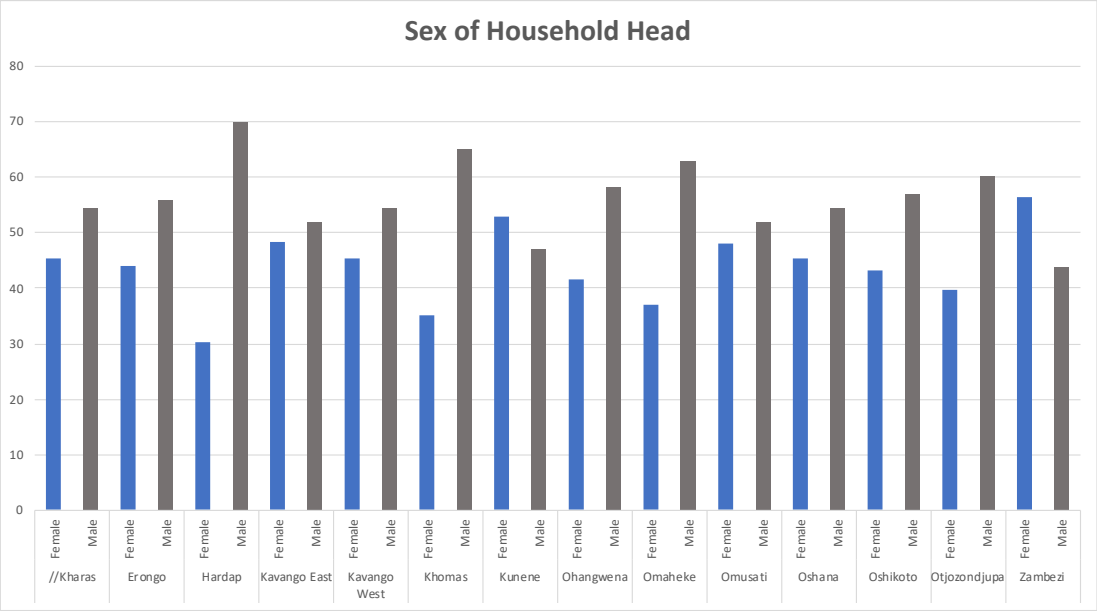
Household Size

The average Household size ranged from 3 to 6 members per household. Ohangwena, Kavango East and Kavango West were some regions with the highest average Household size with six (6) members per household. The smallest average household size was 3 persons in the Kunene Region. The average household size by region is shown in the table below.

Region	Average Household Size
//Kharas	4
Erongo	4
Hardap	4
Kavango East	6
Kavango West	6
Khomas	4
Kunene	3
Ohangwena	6
Omaheke	4
Omusati	5
Oshana	4
Oshikoto	5
Otjozondjupa	4
Zambezi	4

Sex of household head

Most household were headed by men, except for households in the Zambezi and Kunene Regions.



Performance of the rainfall season 2021-2022

Except for the southern regions (//Karas and Hardap), where extremely heavy rains were received from the start of the season, with some locations receiving two or three times the typical rainfall quantities, the 2021–2022 rainy season began dry over most of the country. Since the start of the rainy season, there has been a severe rainfall deficit in the central northern areas, as well as the eastern Omaheke, Zambezi, Kavango East, and Otjozondjupa regions, with prolonged dry spells that continued until February 2022. However, by the end of February 2022, the majority of the country had received normal to above average rainfall, signalling an improvement in the condition in the second half of the season. This however did not benefit crop farming households who had already lost crops to wilting and could not replant in March 2022. While some regions experienced an earlier than anticipated end to the rainy season as crops reached the point of grain maturity, which resulted in poor grain quality and a subsequent low crop harvest.

Contrarily, the northern Kunene, Omusati, and parts of the Otjozondjupa and Oshana regions experienced below average seasonal rainfall, while the Erongo region only saw rainfall that was drier than usual for the latter two months of the season. Due to the delayed start of the 2021–2022 rainy season and prolonged dry spells reported in some regions, the majority of crop-producing areas experienced below-average harvests. Despite earlier in the season seeing good crop germinations, the rainfall ended earlier than anticipated, which had a significant negative impact on the crop harvest this year.

Vulnerability Context

This section discusses the factors that have contributed to the current food insecurity situation in Namibia.

Causal Factors

Drought

Most regions are still recovering from the impacts of the drought that the country has been experiencing since 2019. However, there are still regions that are still experiencing the effects of the droughts, and these include Kunene, Erongo, and Omusati. Kunene has been experiencing droughts for 8 consecutive years. The impact of the drought affected both crop and livestock production. In livestock production, farmers experienced high rates of livestock mortalities due to lack of grazing fields and drinking water for livestock. Farmers are slowly re-stocking their livestock.

The negative impacts of the drought are numerous, and these include loss of livestock, loss of income, migration of farmers within and outside the regions looking for water and pasture for livestock, decreasing water level, depletion of grazing land, soil degradation, and loss of livelihood.

Price Volatility and inflation

Given that Namibia buys around 56% of its wheat and 5% of its fertilizers from Russia, the conflict between Russia and Ukraine had an impact on the importation of wheat and fertilizers. The conflict has also resulted in the increase in the cost of both imported and domestically produced produce. Fertilizers, fuel, and gas prices also increased because of the conflict. Given that Namibia exported around 1% of all table grape exports to Russia in 2020, the war is likely to have an impact on the export of table grapes over the upcoming season, which runs from October 2022 to January 2023.

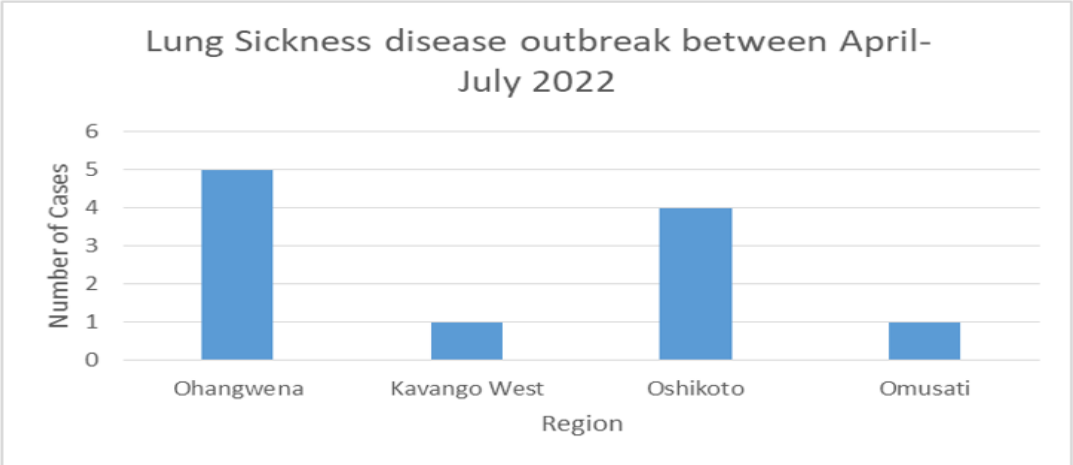
Livestock diseases

Contagious Bovine Pleuropneumonia was reported at Oshima in Anamulenge Constituency, Omusati Region with one focus, total cases were three and zero death.

Contagious Bovine Pleuropneumonia was reported at one focus in the Ohangwena Region with a total of six clinical cases and zero death.

Contagious Bovine Pleuropneumonia was reported in four (4) constituencies in the Oshikoto region. One laboratory confirmed case was recorded at one focus in the Omusati Region. No new cases were recorded in the Kavango west region during the reporting month.

Contagious Bovine Pleuropneumonia was reported at different regions, three foci in the Oshikoto Region with a total of three clinical cases and zero death, three foci in the Ohangwena Region with a total of three clinical cases and zero death. The disease was contained with measures in place to curb further spread to other parts of the country. The figure below shows the number of lung sickness cases experienced.

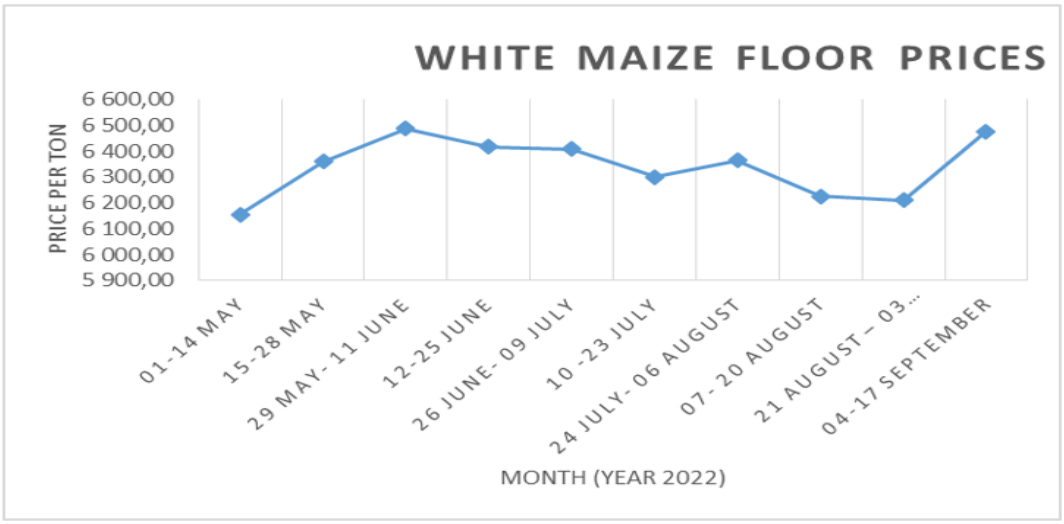


Rising food and non-food prices

The cost of food has sustained an upward trend in recent months, making it difficult for local consumers buying power. Key food items such as oil, maize were the main drivers of unsustainable food price increases. As food prices rise, a dollar earned will buy less in future, a situation that will affect households with constant income levels over time.

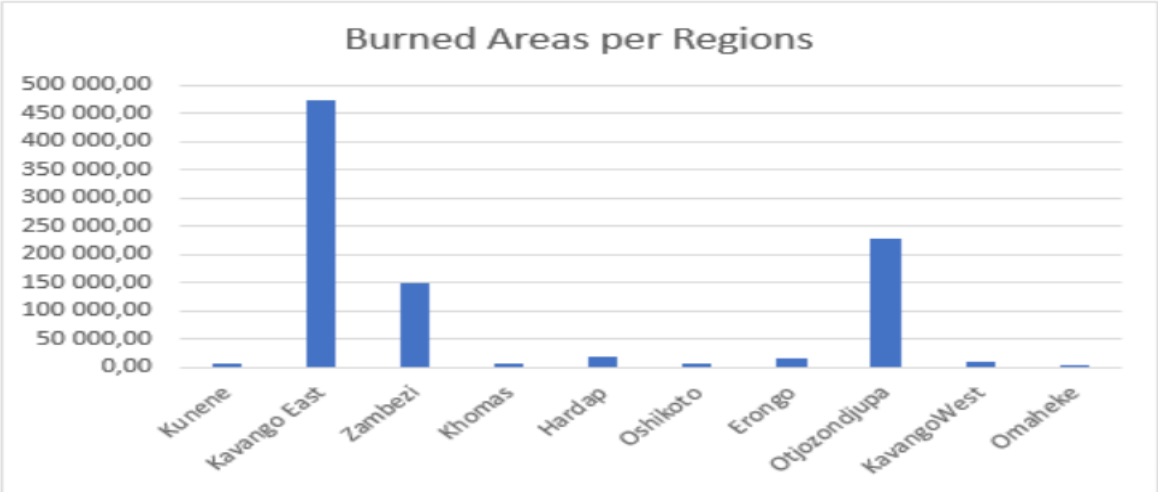
Inflation also sky rocketed to 6% and can reduce buying power of goods. Food demand will cause prices to rise.

The prices of white maize floor increased during the month of May 2022 to the first week of June 2022. Thereafter, a decrease in these prices was recorded from the second week of June 2022 to the end of August 2022 and picked during the month of September 2022. The Figure below shows the white maize floor prices.



Wildfires

Wildfire outbreaks in Namibia have been detected, monitored and mapped. A total of 920,944 hectares has been burned to date. The wildfire has destroyed forest, shrub/bush and grass land in various regions. In addition, it was reported that two people got injured from fire incidences and various farm fences being destroyed. More wildfire has been detected as from August to the current month (September). Kavango East region had the highest burned areas compared to other regions. The Figure below shows the areas burned by region.



Fuel Prices

During the period of August 2017 to August 2022, Petrol and diesel registered a hyperinflation rate of 63.1 percent higher than the annual deflation rate of 3.4 percent recorded in August 2017.

The summary of the media release for fuel prices shows an increase since March 2022. The price of fuel was N$17.15 for petrol and N$17.18 for diesel in March but increased to N$21.08 for petrol and N$22.12 for diesel respectively in September 2022. Table below shows monthly media release fuel prices.

Ministry of Mines and Energy

Media Release: Fuel Price Review Announcement Summary

Month (year 2022)	Price of Petrol (NAD/L)	Price of Diesel (NAD/L)
March	17.15	17.18
April	19.10	20.23
May	17.90	19.93
June	20.40	21.43
July	22.28	22.77
August	22.28	22.77
September	21.08	22.12

Unemployment and loss of income

During the period of assessment, it was reported that people lost their jobs due to COVID-19. People were either laid off or their businesses were closed due to either COVID-19 restrictions or low demand which led to significant losses of livelihoods.

Water and Sanitation

Main source of drinking water

Except for Khomas Region, where public taps were reported as the household's main primary source, dues to majority of households who responded to the assessment being in the informal settlements, private taps were identified to be the main primary source for the majority of households across the country. However, a considerable number of households in the Kavango West and Kunene Regions relied mostly on springs, rivers, and streams, as illustrated in the Table below.

	Source of water							
Region	**Borehole**	**Canal**	**Other**	**Private tap**	**Public tap**	**Rivers / Stream**	**Spring**	**Water pan**
//Kharas	4,5%	8,3%	7,60%	41,7%	29,5%	7,6%		,8%
Erongo	11,5%		0,90%	54,1%	33,5%			
Hardap	5,7%		1,30%	71,1%	20,8%			1,3%
Kavango East	4,6%		9,7%	52,9%	27,6%	5,2%		
Kavango West	15,3%		4,20%	47,2%	22,9%	10,4%		
Khomas			1,20%	35,8%	62,3%			,6%
Kunene	13,3%			63,7%	11,9%	,7%	10,4%	
Ohangwena	17,2%		7,4%	65,6%	8,6%	,8%		,4%
Omaheke	44,8%		5,50%	32,1%	17,6%			
Omusati	11,1%	1,2%	8,0%	66,0%	13,0%	,6%		
Oshana	,5%		11,90%	58,7%	28,4%	,5%		
Oshikoto	4,0%		10,2%	52,9%	31,6%			1,3%
Otjozondjupa	20,2%		0,90%	56,0%	22,9%			
Zambezi	11,3%		2,0%	46,7%	37,3%	2,7%		
National Average	11,7%	,5%	5,3%	53,8%	26,1%	1,7%	,6%	,3%

Distance to the nearest water point

The majority of households travel less than 50 metres to the nearest water source, however nearly a third of households in the Ohagwena Region reported walking more than 150 metres to get to their water source.

	Distance to the nearest Water Point in metres		
Region	**<50**	**50 to 150**	**>150**
//Kharas	82,6%	17,4%	
Erongo	66,1%	17,0%	17,0%
Hardap	83,0%	10,1%	6,9%
Kavango East	42,5%	16,1%	41,4%
Kavango West	50,7%	20,8%	28,5%
Khomas	55,6%	32,1%	12,3%
Kunene	67,4%	13,3%	19,3%
Ohangwena	54,9%	12,7%	32,4%
Omaheke	67,3%	11,5%	21,2%
Omusati	72,2%	16,7%	11,1%
Oshana	71,6%	19,3%	9,2%
Oshikoto	54,7%	23,6%	21,8%
Otjozondjupa	69,7%	13,3%	17,0%
Zambezi	51,3%	34,7%	14,0%
National Average	63,2%	18,2%	18,6%

Type of Toilet

The majority of households in Zambezi, Kavango West, Khomas, Kunene, Ohangwena, and Oshikoto reported using open defecation in the bush instead of using any toilets facilities. For Khomas region this was dues to majority of households who responded to the assessment being in the informal settlements compared to those living on formal urban.

	Type of toilet				
Region	**Bucket system**	**Flushing toilet / water closet**	**No toilet (Bush, open defacation, etc)**	**Pit latrine**	**VIP**
//Kharas		40,9%	46,2%	12,9%	
Erongo	3,7%	63,3%	16,1%	16,1%	,9%
Hardap	3,8%	63,5%	30,2%	2,5%	
Kavango East	8,0%	14,9%	46,0%	25,3%	5,7%
Kavango West		26,4%	66,0%	6,9%	,7%
Khomas	1,9%	28,4%	50,0%	19,8%	
Kunene		35,6%	55,6%	8,1%	,7%
Ohangwena	1,6%	18,0%	53,3%	21,7%	5,3%
Omaheke		45,5%	41,8%	6,1%	6,7%
Omusati	1,2%	23,5%	46,9%	27,8%	,6%
Oshana	,5%	13,3%	37,2%	49,1%	
Oshikoto	,9%	10,2%	69,3%	19,1%	,4%
Otjozondjupa	,5%	44,0%	37,6%	13,8%	4,1%
Zambezi		18,0%	76,7%	5,3%	
National Average	1,6%	31,2%	47,2%	17,9%	2,0%

Hand washing

Self-hygiene has been more significant in recent years, particularly with the emergence of the Covid-19 epidemic. With the exception of Kavango West and Kavango East, where almost half of the households report using no cleaning agent at all for hand washing, most households across the regions use cleaning detergents.

	Cleaning agent used for handwashing					
Region	**Other**	**Ash**	**Hand Sanitizer**	**Hand Soap**	**Nothing**	**Washing Powder**
//Kharas	1,5%		4,5%	68,2%	19,7%	6,1%
Erongo	,9%		2,8%	50,9%	9,2%	36,2%
Hardap			6,3%	72,3%	8,8%	12,6%
Kavango East		3,4%	3,4%	12,1%	42,5%	38,5%
Kavango West		2,1%	3,5%	37,5%	45,1%	11,8%
Khomas	1,9%		1,9%	56,8%	19,8%	19,8%
Kunene		6,7%	5,2%	32,6%	29,6%	25,9%
Ohangwena	,8%	1,6%	2,5%	60,7%	9,8%	24,6%
Omaheke	1,2%	1,2%	1,2%	56,4%	18,2%	21,8%
Omusati		1,2%	3,1%	69,1%	15,4%	11,1%
Oshana		,5%	,5%	63,3%	23,9%	11,9%
Oshikoto		5,3%		44,9%	16,9%	32,9%
Otjozondjupa			10,6%	55,0%	16,5%	17,9%
Zambezi	14,0%	,7%	10,0%	50,7%	15,3%	9,3%
National Average	1,3%	1,6%	3,8%	52,5%	19,9%	20,9%

Agricultural production

According to the updated estimates for the whole crop, the nation has harvested 151,723MT, which is 23% more than the normal annual production of 123,710MT and 1% less than the harvest of 153,028MT from previous season.

National Cereal Production Statistics Trend (in '000 Metric Ton) and 2020/2021 forecast production compared to a 22 - year average and 2019/2020 Production

	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	22-year average	2021/22 as % of average	2021/22 as % of 2020/21
Maize (Communal)	4.6	2.5	5.2	1.4	1.2	6.3	6.9	1.3	8.5	11.5	8.0	6.6	20	-31
Maize (Commercial)	63.2	72.4	71.3	38.9	43.9	76.7	58.0	28.8	51.6	66.6	74.4	47.3	57	12
Pearl Millet	55.9	24.7	44.1	15.3	19.4	57.6	83.5	9.3	90.8	55.2	44.7	53.8	-17	-19
Sorghum	7.7	2.2	4.1	1.7	1.5	2.8	4.0	0.4	7.1	8.2	6.1	6.0	3	-25
Wheat	11.9	14.8	11.3	11.6	11.4	9.8	6.9	7.5	4.5	11.5	18.5	10.0	85	61
Aggregate	**143.4**	**116.6**	**136.1**	**68.9**	**77.5**	**153.2**	**159.3**	**47.3**	**162.5**	**153.0**	**151.7**	**123.7**	**23**	**-1**

This development is primarily attributable to the commercial sectors, where a 19% increase over the harvest from the previous season has been reported. Compared to the previous season, the harvest in the Kavango West and Kavango East regions increased by 22%.

Maize production in the communal areas (Zambezi, Kavango East, and Kavango West regions) was 31% lower than the harvest from the previous season but 20% higher than normal.

In addition, production of pearl millet decreased by 17% below average and by 19% compared to the harvest of the previous season. Additionally, the production of sorghum showed a considerable decline of 25% below the harvest from the previous season, but 3% above average production. The decrease is mostly caused by prolonged dry spells, erratic rainfall that was observed primarily in the north central regions, and excessive rainfall that occurred in some parts of the North-eastern regions.

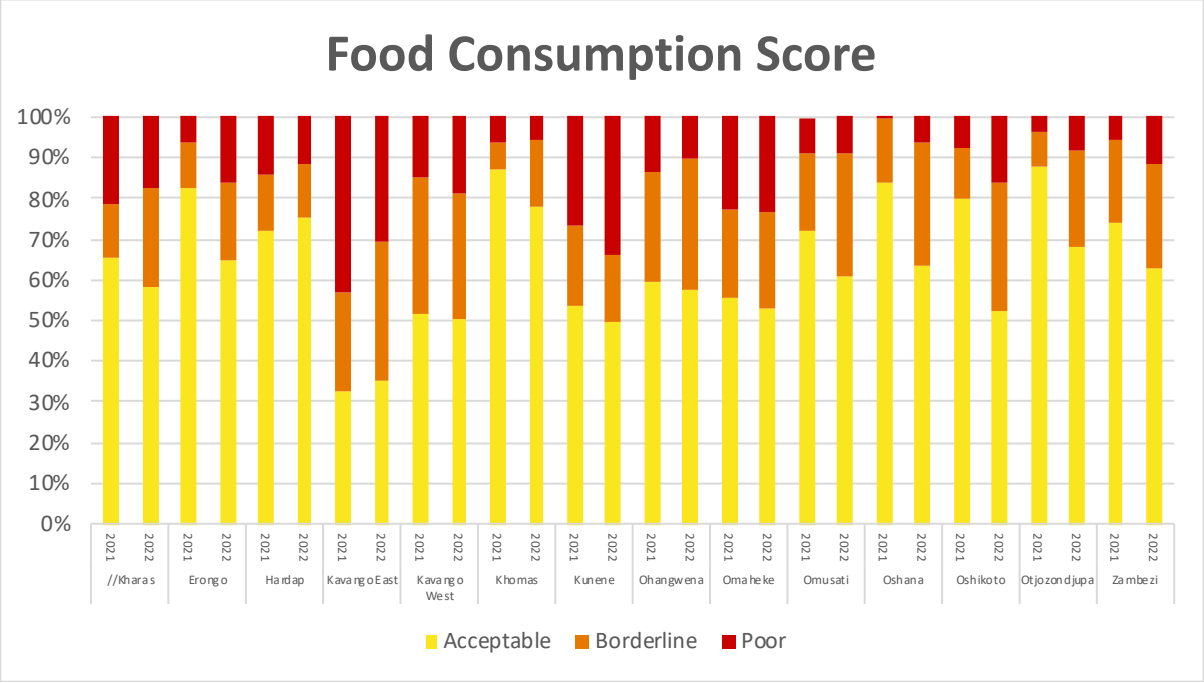
In the commercial farming sector, the maize harvest was 12% higher than it was the previous season and 57% higher than the average production. It is significant to note that irrigated production accounted for 72% (53,382MT) of the total (74,437MT) maize production in the commercial sector, while rain-fed production accounted for 28% (21,056MT). However, a good harvest and an increase in planted area in the commercial region are attributed with for this increase.

Food Security Outcomes

Food Consumption Score

The food consumption score (FCS) is a score calculated using the frequency of consumption of different food groups consumed by a household during the 7 days before the survey. There are standard weights for each of the food groups that comprise the food consumption score. Therefore, the FCS focuses on the diversity and frequency of food groups consumed over the previous seven days and it also considers the relative nutrition importance of different food groups. FCS is used to assess food security and vulnerability in populations. The Figure below shows the FCS trend comparing this year to last year.

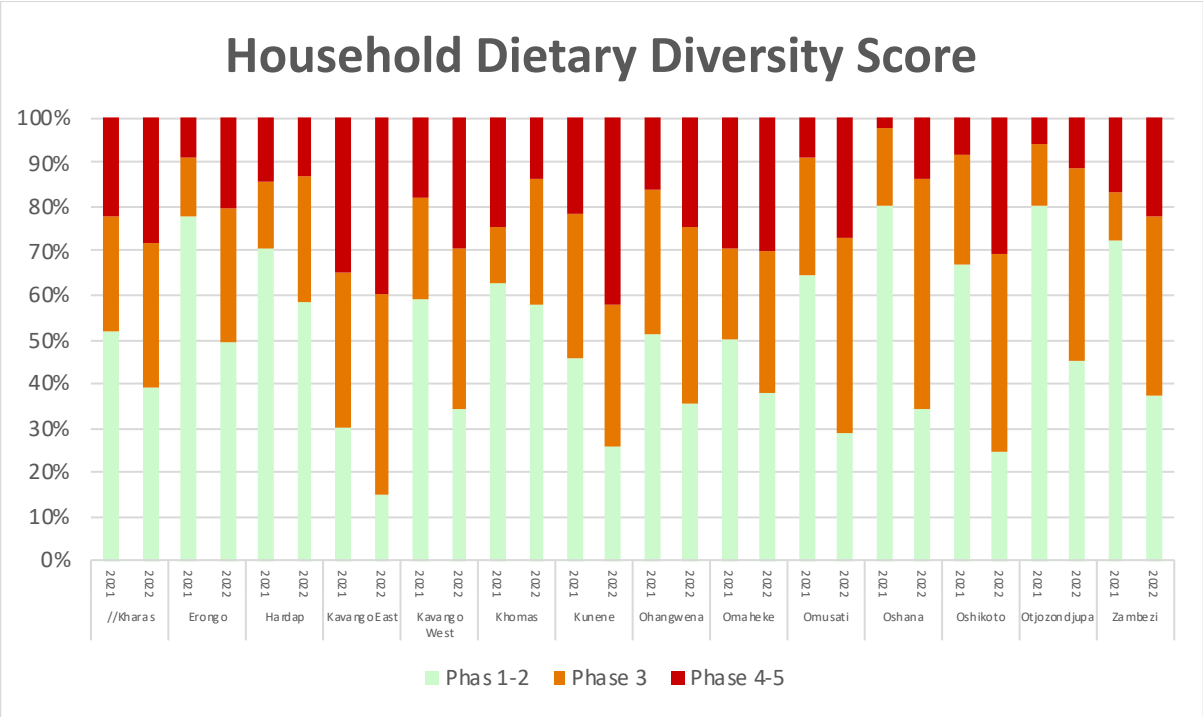
The national average for the proportion of households with a poor or borderline food consumption score (FCS) was found to be 40.5%. Kavango East has the highest proportion of households with an unacceptable FCS (64.9%), followed by Kunene (50%) and Kavango West (49.7%). The highest proportion of households with an acceptable FCS was found in Khomas (78.1%), Hardap (75.5%), and Otjozondjupa (68.3%), while the national average is 59.9%. Generally, in all regions apart from Hardap region the acceptable FCS in 2022 reduced compared to 2021. The monotonous diets in most of southern Africa, particularly in rural areas where households mostly consume cereals and vegetables without other food groups like meat, are a significant contributing factor to the unacceptable food consumption score.



Household Dietary Diversity Score (HDDS)

Household dietary diversity Score (HDDS) is a qualitative measure of food consumption that reflects household access to a variety of foods. Dietary diversity scores aim to reflect nutrient adequacy. HDDS consists of a simple count of food groups that a household has consumed over the preceding 24 hours. HDDS reflects the economic ability of a household to access a variety of foods. An increase in dietary diversity is associated with socio-economic status and household food security. HDDS measures diet quality and micronutrient adequacy in the 12 food groups.

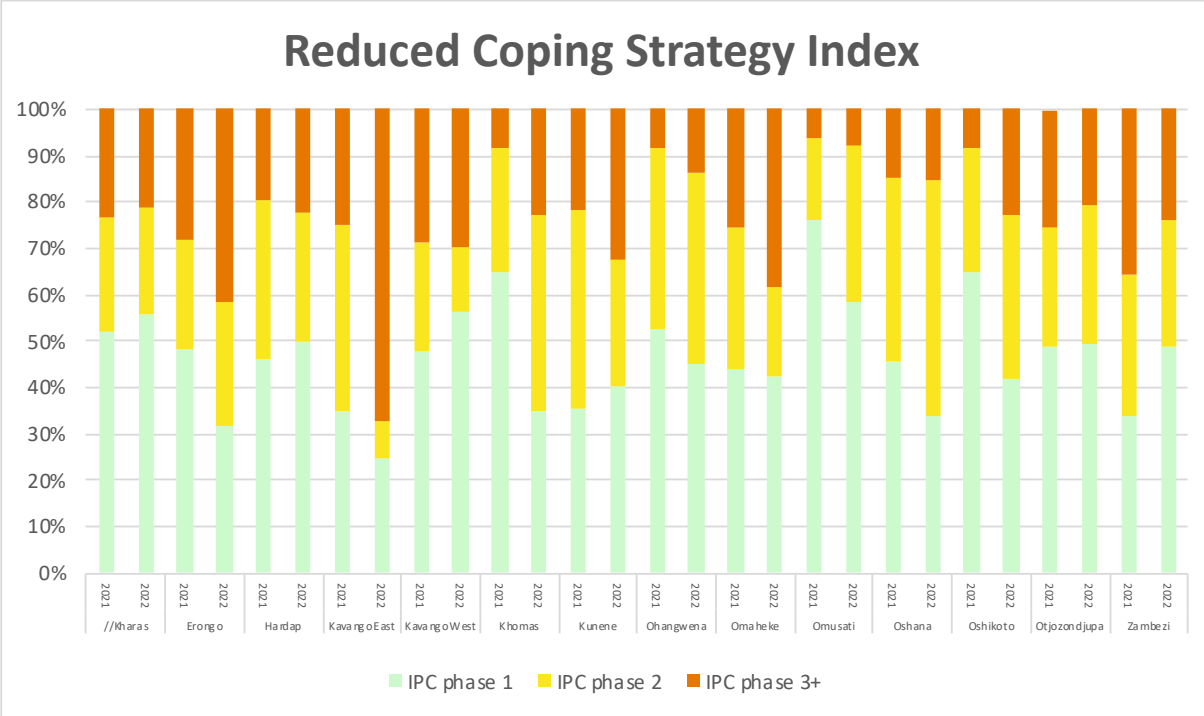
Apart from Hardap and Khomas regions, the Household Dietary Diversity Score in the country reduced when comparing 2021 to 2022. Kunene (42%), Kavango East (39.7%), Oshikoto (30.4%), and Kavango West (29.7%) had the greatest proportion of households consuming zero to two food groups (IPC phase 4-5). At the national level, the proportion of households consuming zero to two food groups was 24%. Otjozondjupa (11.5%), Oshana (13.8%), and Hardap (13.2%) have the lowest proportion of households that consume 0–2 food groups.



Reduced Coping Strategy Index (RCSI)

The RCSI is an experience-based indicator measuring the behaviour of households over the past 7 days when they did not have enough food or money to purchase food. The RCSI is used for monitoring and identifying changes in household behaviour especially in early stages of a crisis. It is used as a proxy for food quantity availability. The RCSI is categorized into three phases; no stress, crisis or emergency strategies and are allocated to Phase 1 when no stress is experienced, households using stress strategies are allocated to Phase 2, households using crisis strategies are allocated to Phase 3. Compared to 2021, the majority of households indicated less coping.

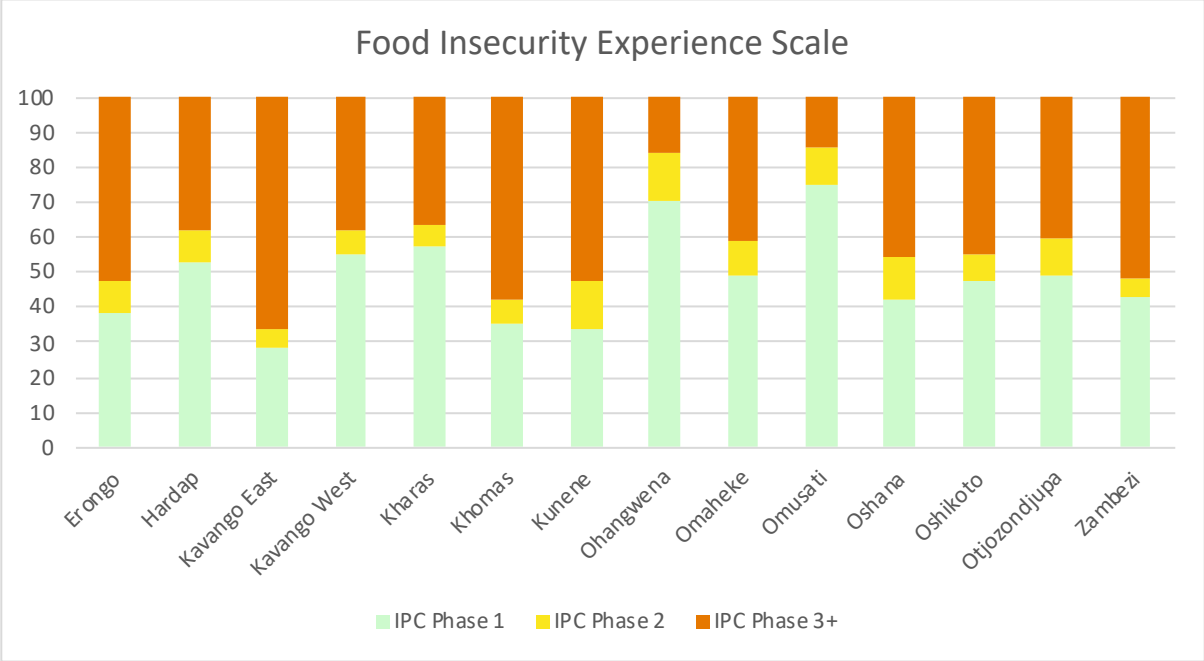
At the national level, about 27% of households were using food-based coping strategies that are typical of IPC Phase 3 and above, per the reduced coping strategy index (RCSI), which examines strategies used by households to ensure food is on the table. While Omusati (8%), Ohangwena (13,5%), and Oshana (15,1%) had the lowest proportion of households using food-based coping strategies indicative of IPC Phase 3 and higher, Kavango East had the highest proportion at 67%, followed by Erongo at 41% of households in the region.



Food Insecurity Experience Scale

The FIES Survey Module (FIES-SM) consists of eight questions regarding people's access to adequate food. The questions refer to the experiences of the individual respondent or of the respondent's household as a whole. The questions focus on self-reported food-related behaviours and experiences associated with increasing difficulties in accessing food due to resource constraints.

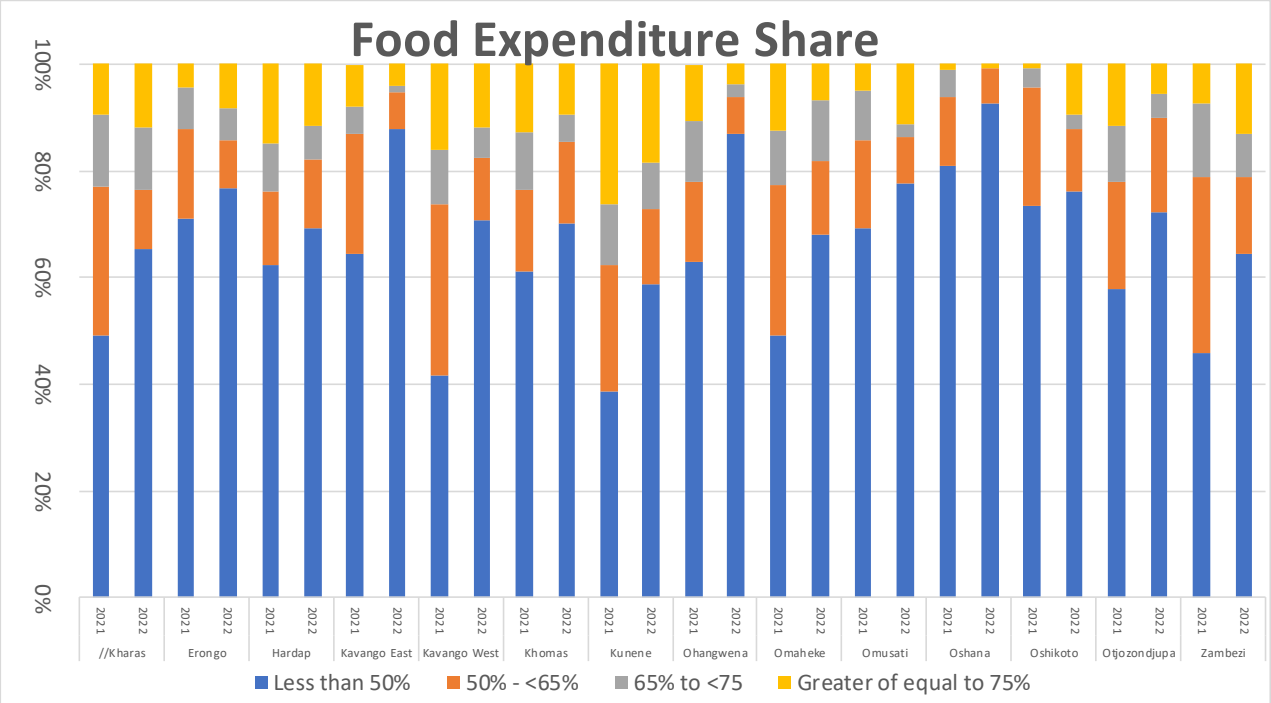
Kavango East (68.0), Khomas (57. 8%), Kunene (52.8%), Erongo (52.8%), and Zambezi (52.0%) were the regions with a FIES score between -0.58 and 0.36, which is indicative of IPC Phase 3 and above. The regions with the highest percentage of households with a FIES score less than -0.58, which is indicative of IPC Phase 1, were Omusati (75.0%), Ohangwena (70.1%), //Kharas (57.4%) and Hardap (52.6%).



Food Expenditure Shares

The share of total household expenditure (as a proxy of income) spent on food is an indicator of household food security because it is widely documented that the poorer and more vulnerable a household, the larger the share of household income spent on food. The food expenditures shares are high in the range of 50 to 65 percent in most regions. This shows how stressed the households are. The main contributing factors are high food prices, low-income levels, and distance from the main food source areas.

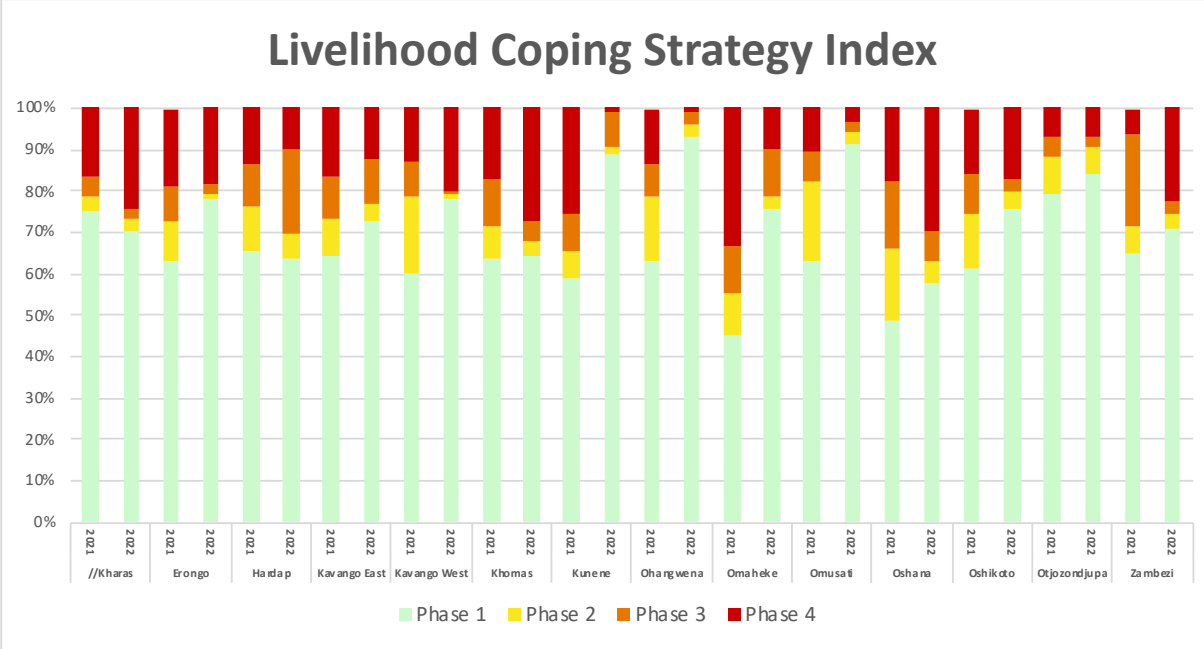
About 13% of Namibians spend 65% or more of their income on food, with //Kharas having the greatest proportion of households doing so at 24% and Omaheke coming in second at 18%. In comparison to last year, the assessment revealed a much higher percentage of households using less of their income to buy food, indicating an improvement in incomes as the economy continues to recover from the effects of COVID-19.



Livelihood Coping Strategies

Livelihood coping strategy (LCS) is an indicator to measure the extent of livelihood coping households need to utilise as a response to lack of food or money to purchase food. It analyses the rate at which households dispose of assets to meet food consumption gaps. Households using no stress, crisis or emergency strategies are allocated to Phase 1, households using stress strategies are allocated to Phase 2, households using crisis strategies are allocated to Phase 3, and households using emergency strategies are allocated to Phase 4.

20% of households in the country were employing crisis and emergency coping strategies with Oshana region having the highest proportion at 37% followed by Khomas with 23%.



Health and Nutrition

Malnutrition in children under five years

Overall admissions for acute malnutrition (SAM and MAM) were 31% higher comparing 2021 and 2022 (see figure 1).

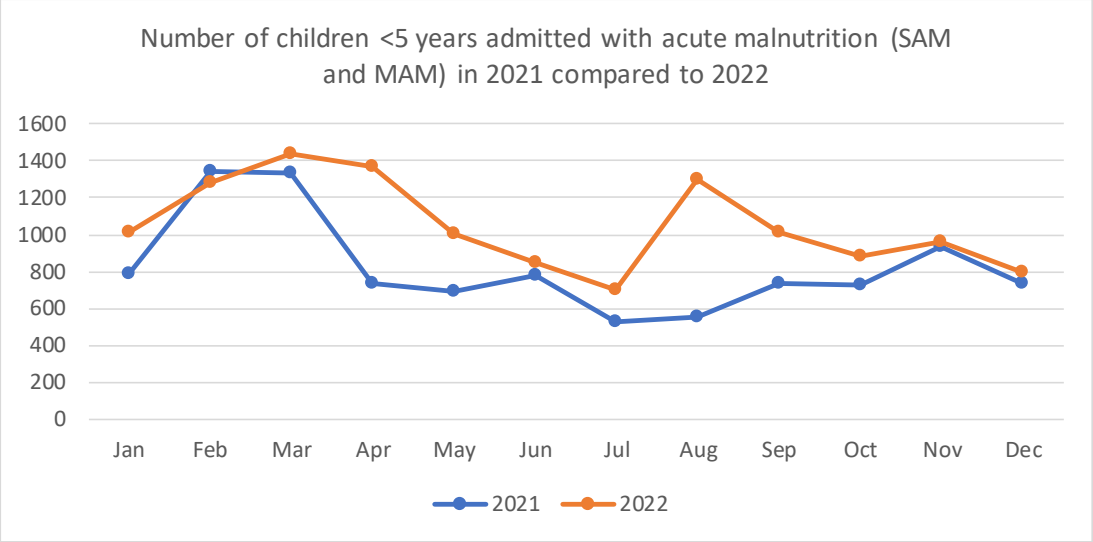


Figure 1: Children under the age of five with acute malnutrition admitted for treatment comparing 2021 to 2022

For the period Jan to Dec 2022, more than 6,700 children under five years were admitted with SAM 66% higher compared to the same period in 2021, where just above 4,000 children were admitted with SAM (see figure 2).

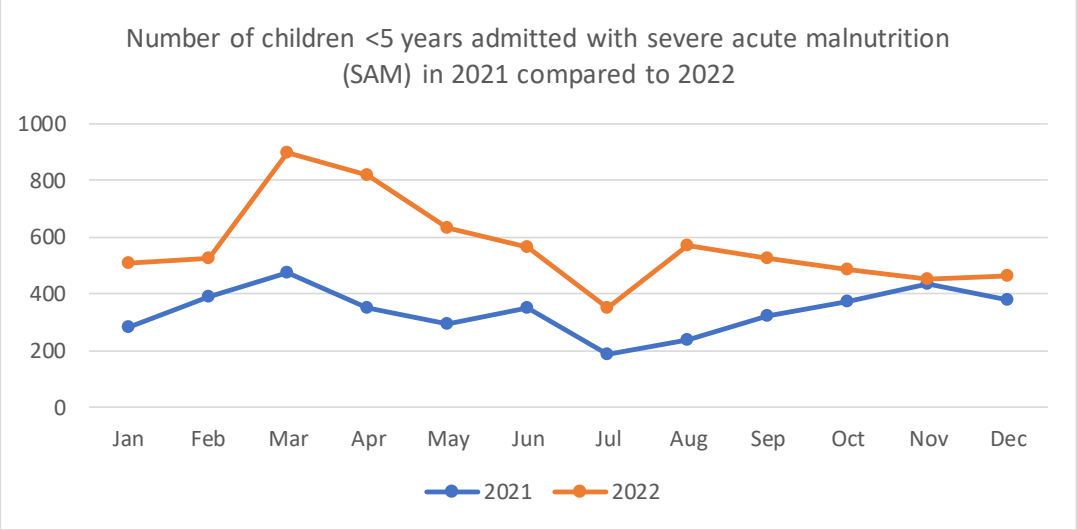


Figure 2: Children under the age of 5 admitted for treatment of severe acute malnutrition comparing 2021 to 2022

Childhood Illness – fever, cough, pneumonia, and diarrhoea

Nationally, 43.5% of caregivers of children under the age of 5 indicated that their child had experienced at least one illness, either a cough, fever, diarrhoea, or pneumonia in the two weeks preceding the survey. At least 14% of caregivers reported that their child had experienced two or

more of the above-mentioned illnesses in the two weeks preceding the survey. The most common illness experienced in children under the age of 5 in households, was cough (33.7%), followed by fever (28.5%), pneumonia (15.4%), and lastly diarrhoea (13.6%).

Health seeking behaviour by caregivers whose children experienced illness

Most caregivers (61.4%) reported that they had taken their children to a clinic or health centre after the child developed either a cough, fever, cough with rapid short breaths, or diarrhoea compared to 7.8% who took their children to the hospital, 7.0% who took their children to the traditional healer, and 5.4% who took their children to the community health worker. Meanwhile, 18.5% of carers did not take their children for treatment.

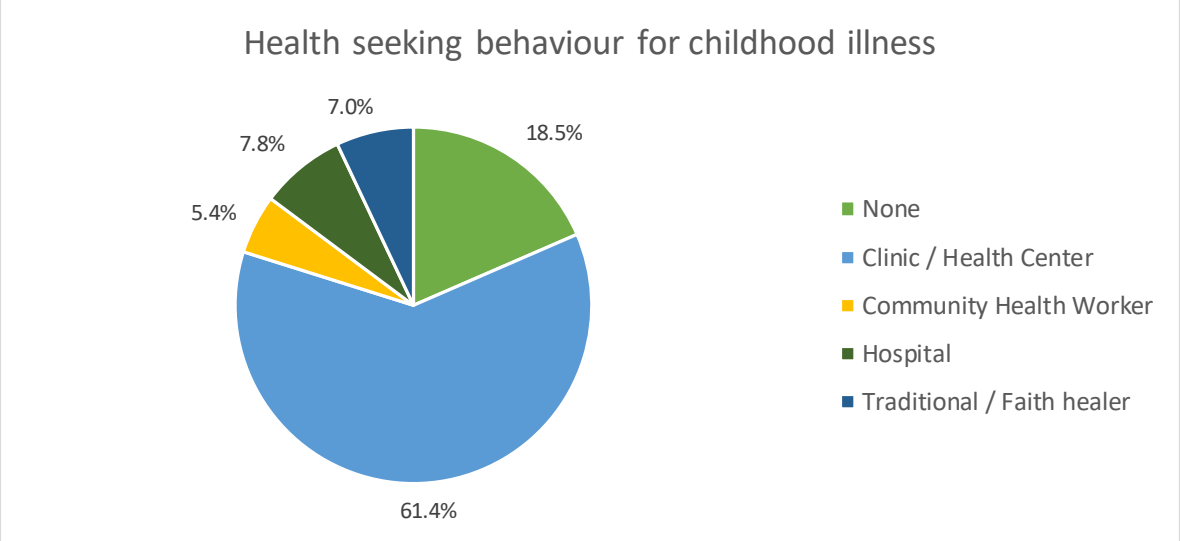


Figure 3: Health seeking behaviour as reported by caregivers of children under the age of 5

As seen in figures 3 to 7, the most popular place to take children for treatment was the clinic or health centre, emphasising the importance of strengthening the quality of primary health care services. More than 60% of caregivers with children who had experienced an illness sought assistance at the nearest clinic or health centre. Caregivers with children experiencing diarrhoea, were least likely to take their children for any treatment, where more than one in five caregivers did not seek any kind of assistance to treat diarrhoea (21.9%). Caregivers whose children had pneumonia, were more likely to seek some form of treatment outside the home with less than 10% having reported that they did not seek outside treatment for their child.

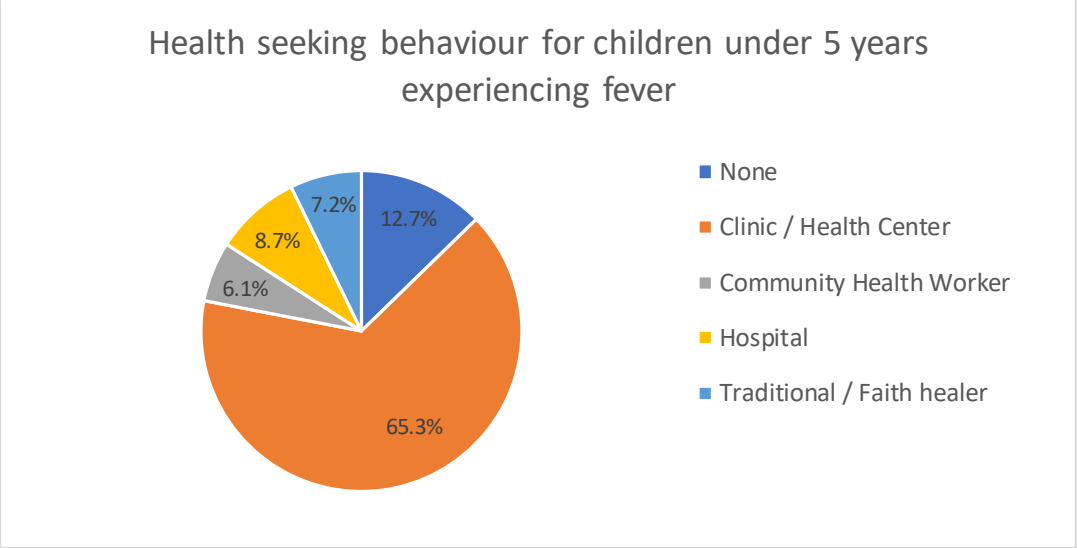


Figure 4: Health seeking behaviour - fever in children under 5 years

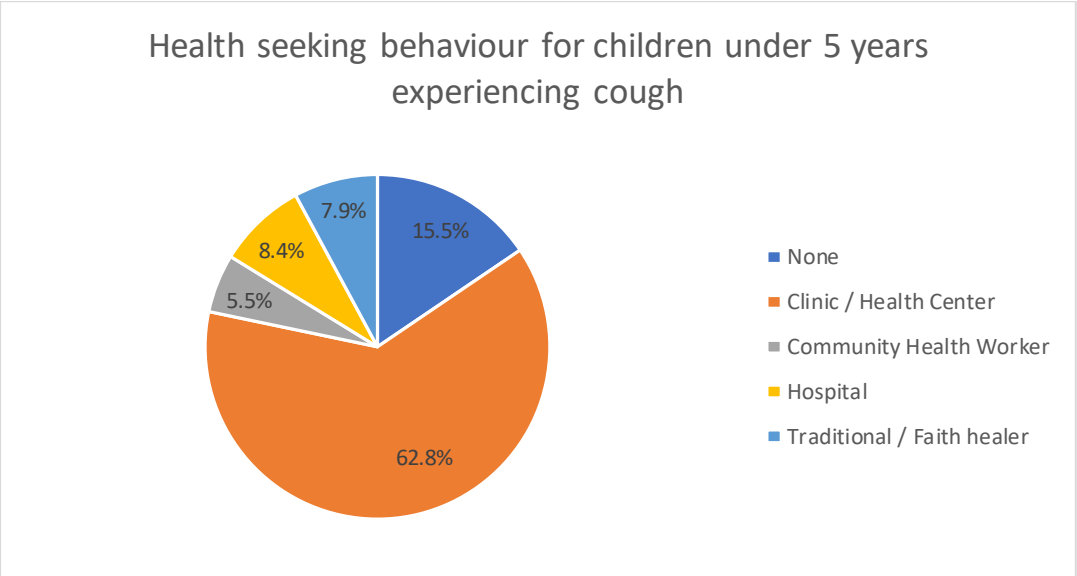


Figure 5: Health seeking behaviour - cough in children under 5 years

Diarrhoea types of treatment

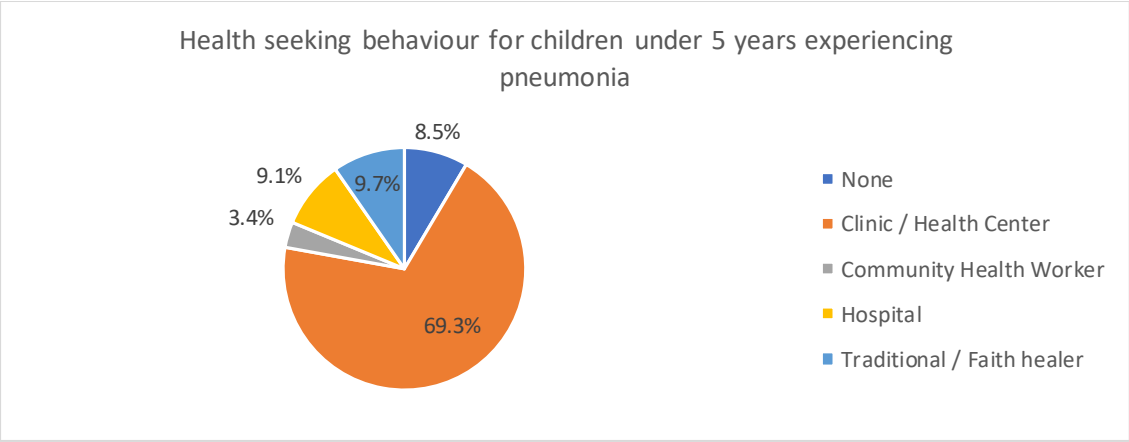


Figure 6: Health seeking behaviour - pneumonia in children under 5 years

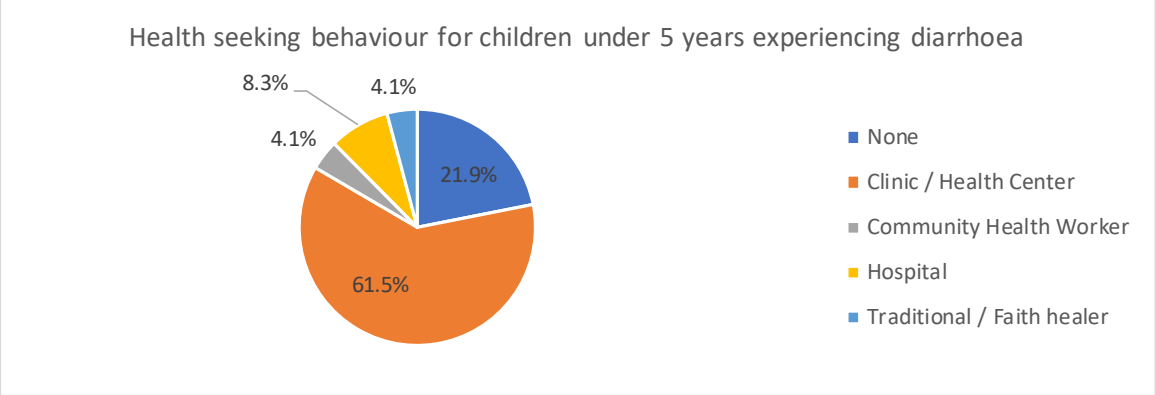


Figure 7: Health seeking behaviour – diarrhoea in children under 5 years

As illustrated in figure 8 of those children under five who were reported ill with diarrhoea, the top five forms of treatment reportedly given were oral rehydration solution(ORS) (17%), pill or syrup (16%), other fluids or hydrates (15%), and salt and sugar solution (13%). At least 3 in every 4 children with diarrhoea received some form of treatment.

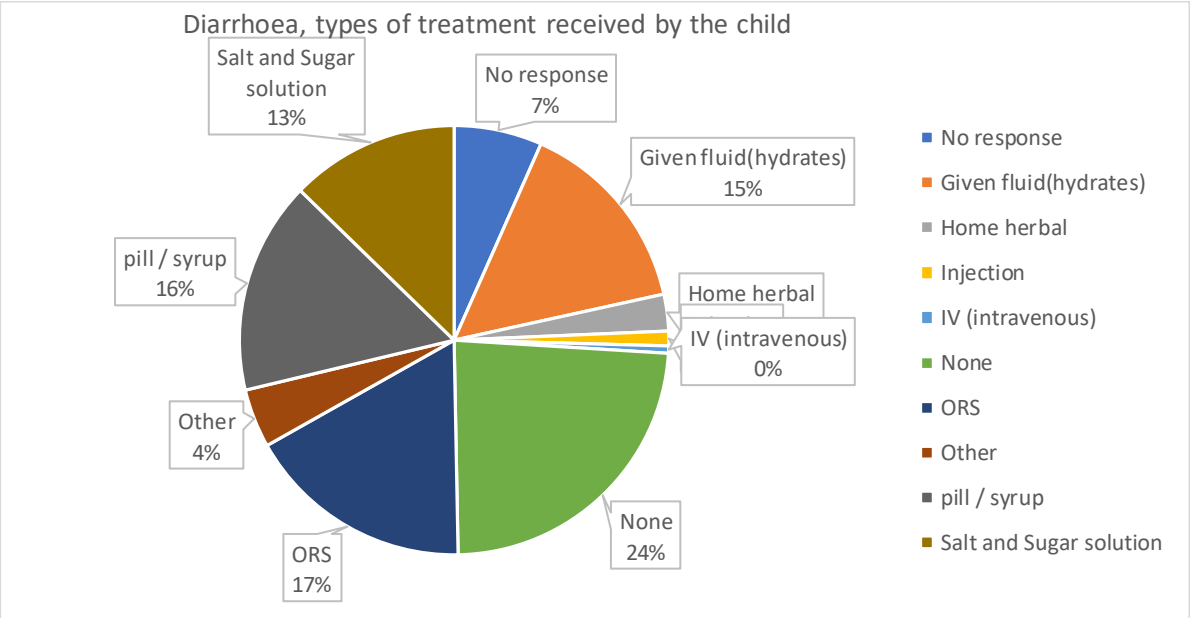


Figure 8: Types of treatment for children under 5 years who had diarrhoea

Vitamin A supplementation coverage

Out of all the caregivers with children under the age of 5 years, 88.4% reported that their child had received one dose of vitamin A supplementation over the past 6 months, and 86.0%% reported that their child had received two doses of vitamin A supplementation over the past 12 months. At least three quarters of the children under 5 years received adequate supplementation for Vitamin A during the last 12 months prior to the survey.

As illustrated in figure 9, in the 12 out of 14 Regions with adequate data to calculate regional vitamin A supplementation coverage. All regions had coverage of over 70%, while Hardap had the highest two dose vitamin A coverage of 96.6%.

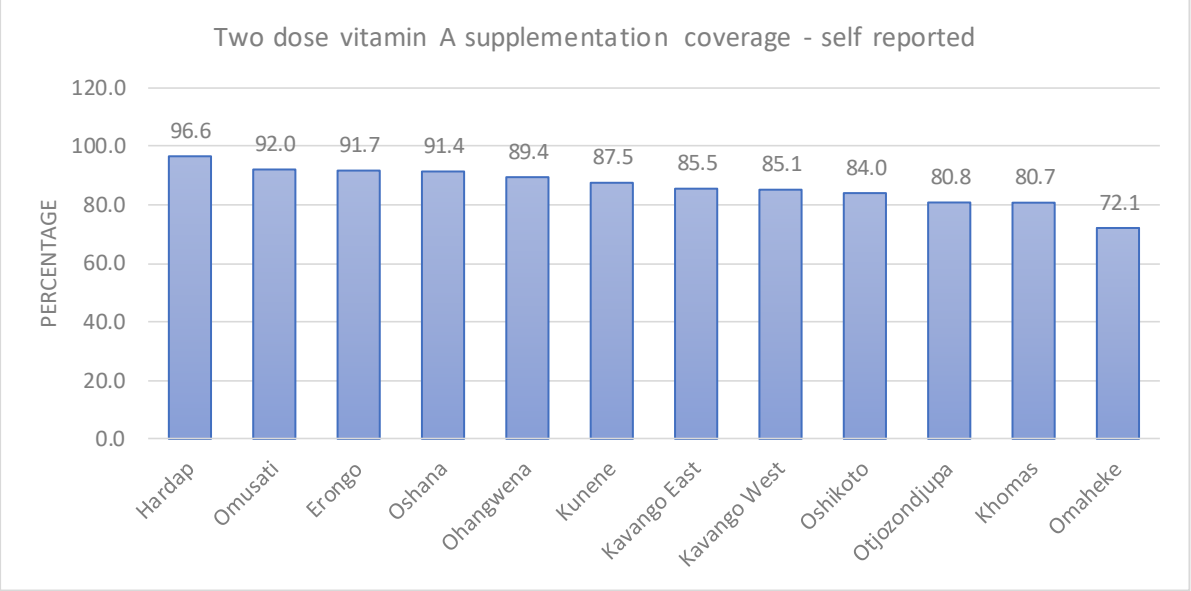
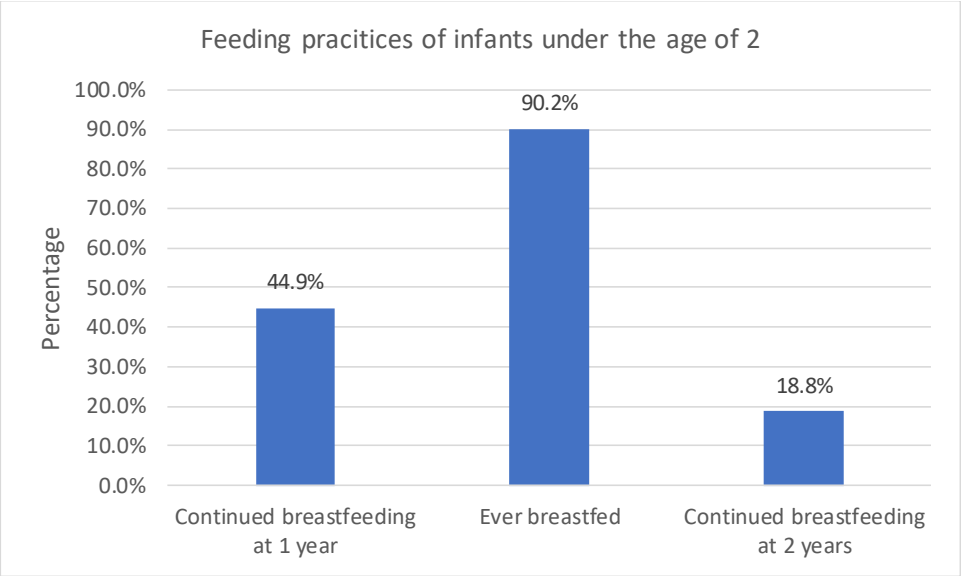


Figure 9: Vitamin A supplementation coverage

Infant and young child feeding

Namibia is predominantly a breastfeeding nation, where over 90% of caregivers reported that their children had been breastfed. However, there is need to strengthen the promotion of continued breastfeeding as only 45% reported that their children were still breastfed at one year, and less than one in five caregivers reported that they continued to breastfeed their children at the age of 2 years.



Knowledge and beliefs around optimal feeding practices

Most caregivers (57.7%) interviewed stated that exclusive breastfeeding involved giving breastmilk without other food, which was the most accurate statement in line with the correct definition of exclusive breastfeeding (see figure 10).

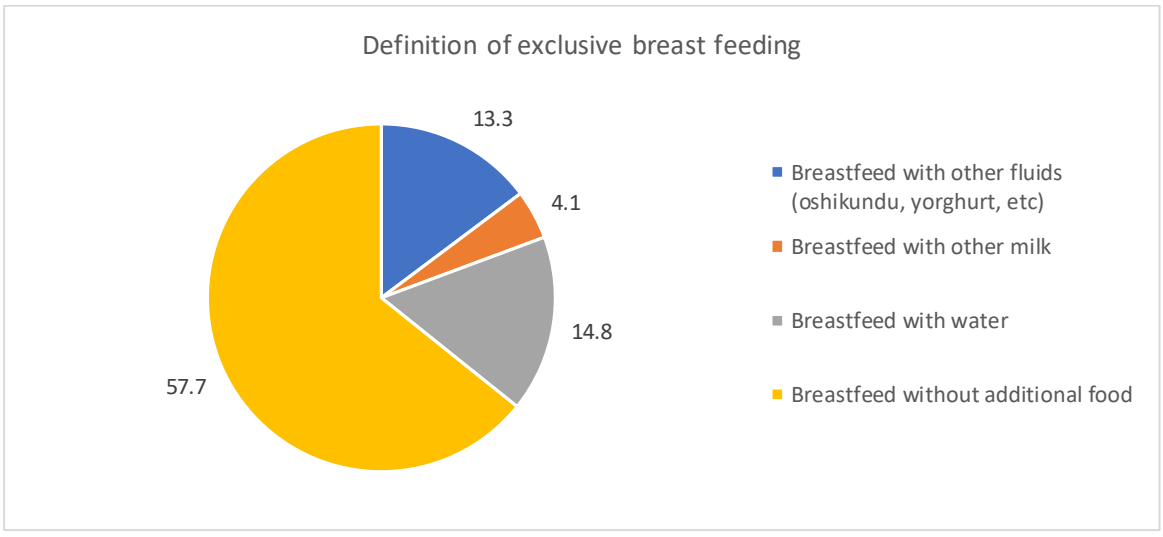


Figure 10: Popular beliefs about the meaning of exclusive breastfeeding exclusive breastfeeding

The most popular reason mentioned by 68% of caregivers for breastmilk being the only food recommended for infants up to 6 months old was „for the normal development of the child“. The

second most mentioned reason was „it lowers the risk of infection and other ailments“ (see figure 11). This highlights the need to raise more awareness about the many benefits of exclusive breastfeeding.

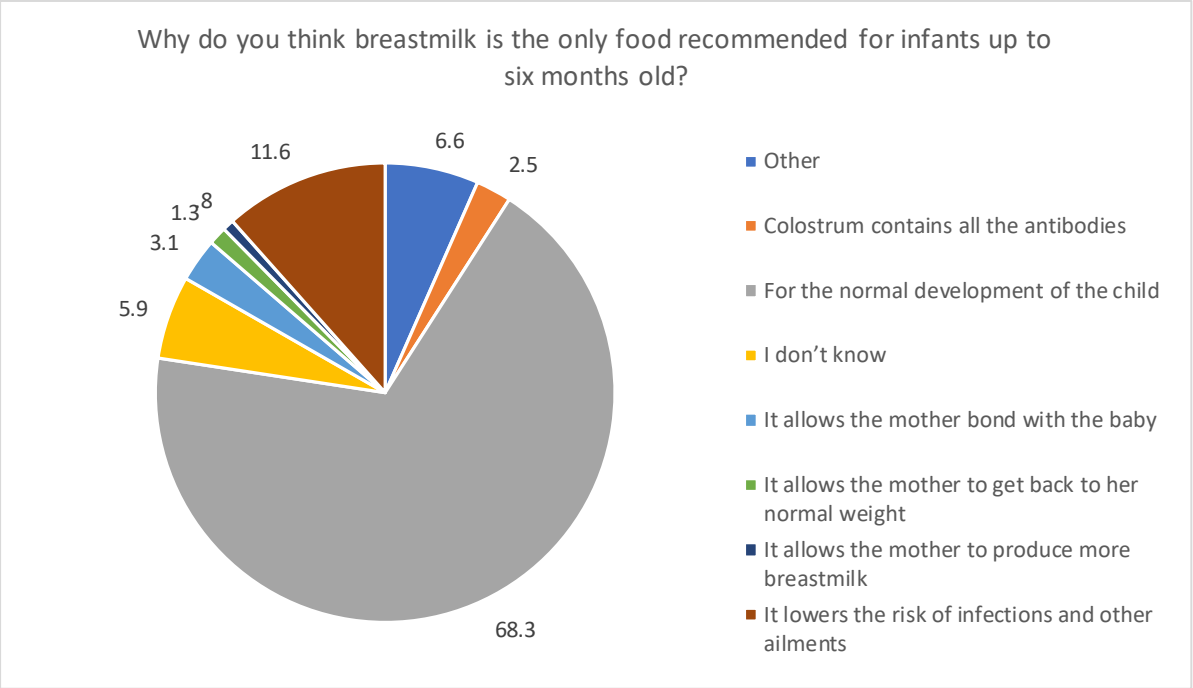


Figure 11: Knowledge about the reasons for exclusive breastfeeding

Almost 80% of caregivers reported that they feed their babies under 6 months on demand, at least 8-12 times a day or whenever the baby cries.

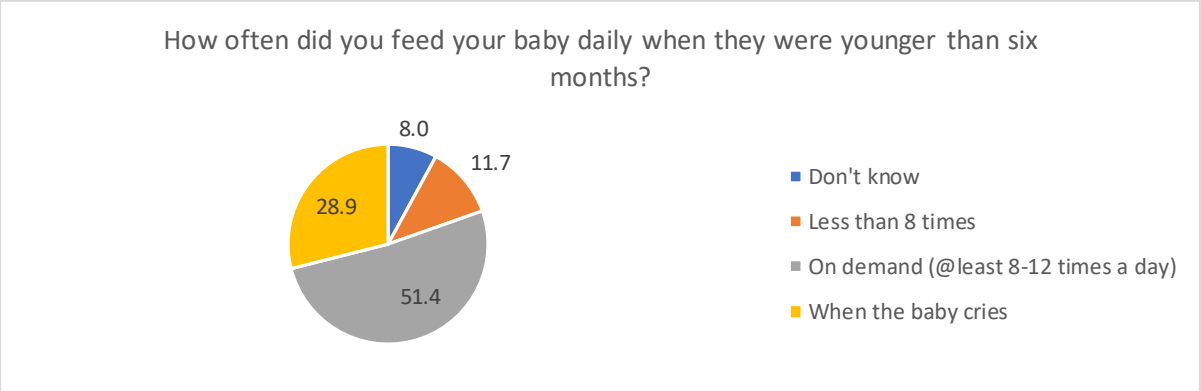


Figure 12: Self reporting about frequency of feeding babies less than 6 months

The most popular reason for the importance of giving foods in addition to breastmilk to babies from the age of six months, were: “To provide sufficient energy” (39.7%), and “All of the above” (35.7%).

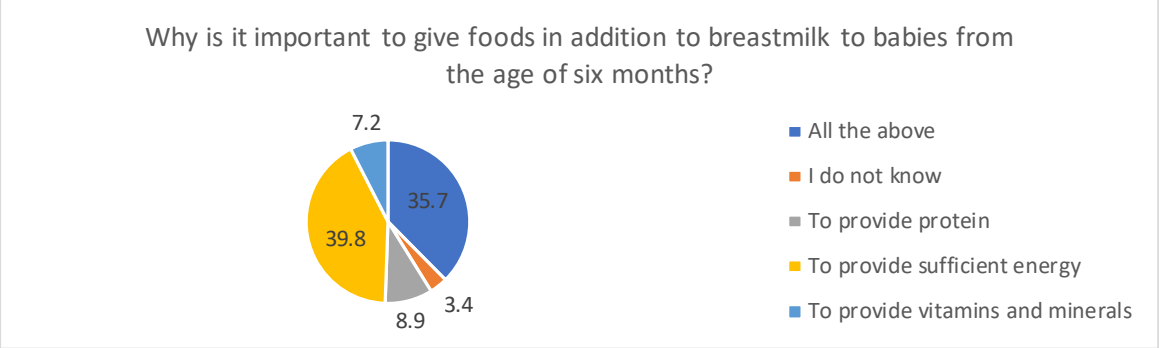


Figure 13: Popular beliefs about the importance of giving additional foods to breastmilk after 6 months

Almost two thirds of the caregivers menstion „giving them more attention during meals" as a way to encourage young children to eat (see figure 14).

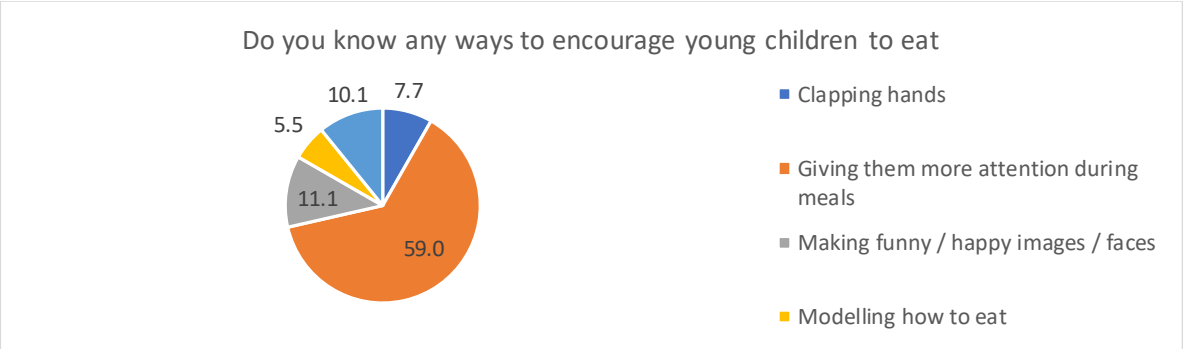


Figure 14: Popular ways of encouraging young children to eat

Most caregivers mentioned that child malnutrition is prevented by giving more food (49%), followed by gving different types of food (30.1%).

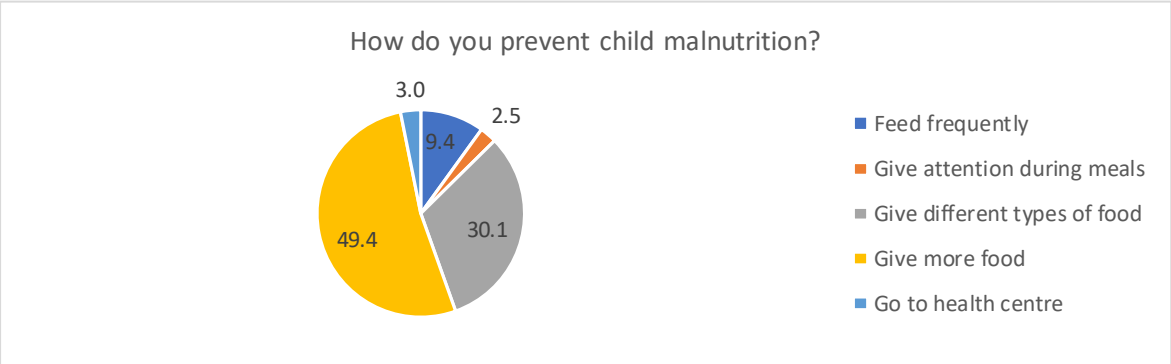


Figure 15: Common beliefs about how child malnutrition is prevented

Limitations for the Health and Nutrition section:

- *2 out of 14 regions, had more than 10% of responses missing from their sample, therefore regional vitamin A supplementation coverage could not be calculated for them.*
- *Due to a programming error, there was a high whole number digit preference in the anthropometric measurements for MUAC, as a result, the screening data for nutrition anthropometry could not be published.*

Micronutrients

Access to iodized salt

The majority of household had access to iodized salt, however it's important to note that a large percentage of households in the Oshana, Oshikoto, and Ohangwena regions indicated they were unsure if the salt was iodized or not.

Region	No response	Dont Know	No	Yes
//Kharas	6,8%	38,6%	4,5%	50,0%
Erongo	3,7%	11,9%	7,8%	76,6%
Hardap	,6%	37,1%	5,7%	56,6%
Kavango East	,6%	47,7%	4,6%	47,1%
Kavango West	2,1%	33,8%	16,6%	47,6%
Khomas	1,8%	29,2%	5,3%	63,7%
Kunene	7,2%	46,4%	5,1%	41,3%
Ohangwena	3,7%	61,6%	,8%	33,9%
Omaheke	3,0%	44,2%	16,4%	36,4%
Omusati	11,7%	39,5%	3,7%	45,1%
Oshana	,9%	50,5%	14,7%	33,9%
Oshikoto	1,3%	66,2%	5,8%	26,7%
Otjozondjupa	,9%	29,2%	,9%	68,9%
Zambezi	1,3%	24,5%	7,9%	66,2%

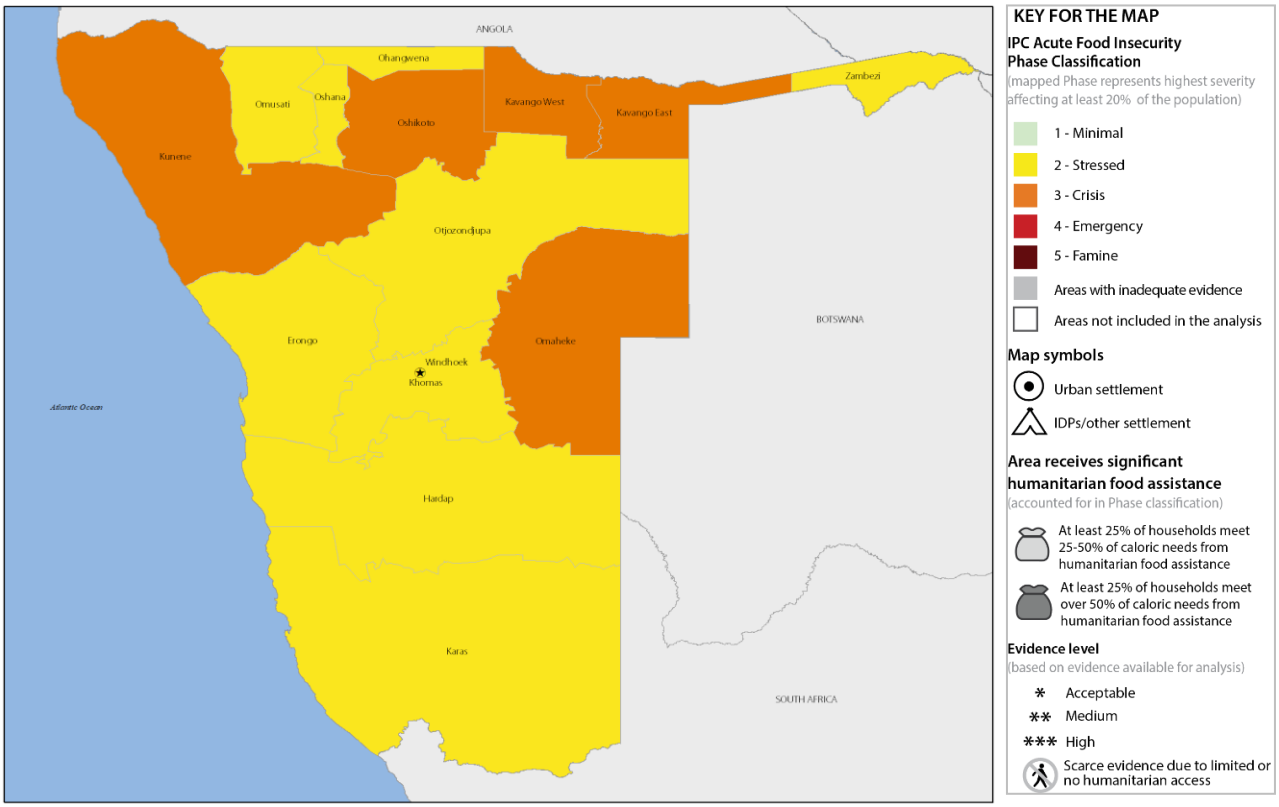
Namibia population at risk to food insecurity

This section presents the assessment findings on food insecure population. The findings are divided in three periods: October to December 2022, January to March 2023 and April to August 2023.

Current food insecure population (September to December 2022)

Between October and December 2022, an estimated 376,000 people (or 16% of the population), according to the most recent IPC Acute Food Insecurity Analysis conducted in October 2022, will be experiencing Crisis or worse (IPC Phase 3 or higher), with about 6,000 of those people expected to be in Emergency (IPC Phase 4). Kavango East, Kavango West, Kunene, Omaheke, and Oshikoto are the six regions that make up the overall Crisis (IPC Phase 3) classification. This duration encompasses the first half of Namibia's lean season, when prices start to rise and most households would have used up their own production's stocks. When compared to last year, this is however a significant improvement in the food security situation of the country.

Current Map IPC acute food insecurity situation (September – December 2022)



Population table for the current period: September – December 2022

Region	Area Phase	Total Population	Phase 1		Phase 2		Phase 3		Phase 4		Phase 5		Phase 3 or above	
		Number	Number (#)	Percentage (%)	Number (#)	Percentage (%)	Number (#)	Percentage (%)	Number (#)	Percentage (%)	Number (#)	Percentage (%)	Number (#)	Percentage (%)
Erongo	2	222,380	88,952	40	122,309	55	11,119	5	-	-	-	-	11,119	5
Hardap	2	96,626	48,313	50	38,650	40	9,663	10	-	-	-	-	9,663	10
Kavango East	3	206,196	72,169	35	92,788	45	41,239	20	-	-	-	-	41,239	20
Kavango West	3	92,782	51,030	55	23,196	25	18,556	20	-	-	-	-	18,556	20
//Kharas	2	96,015	52,808	55	28,805	30	14,402	15	-	-	-	-	14,402	15
Khomas	2	513,044	359,131	70	102,609	20	51,304	10	-	-	-	-	51,304	10
Kunene	3	112,130	50,459	45	28,033	25	28,033	25	5,607	5	-	-	33,640	30
Ohangwena	2	270,452	108,181	40	121,703	45	40,568	15	-	-	-	-	40,568	15
Omaheke	3	77,652	42,709	55	19,413	25	15,530	20	-	-	-	-	15,530	20
Omusati	2	259,554	142,755	55	77,866	30	38,933	15	-	-	-	-	38,933	15
Oshana	2	205,336	71,868	35	102,668	50	30,800	15	-	-	-	-	30,800	15
Oshikoto	3	212,160	95,472	45	74,256	35	42,432	20	-	-	-	-	42,432	20
Otjozondjupa	2	165,550	91,053	55	57,943	35	16,555	10	-	-	-	-	16,555	10
Zambezi	2	109,160	54,580	50	43,664	40	10,916	10	-	-	-	-	10,916	10
Grand Total		**2639037**	**1329477**	**50**	**933902**	**35**	**370051**	**14**	**5607**	**-**	**-**	**-**	**375658**	**14**

Note: A population in Phase 3+ does not necessarily reflect the full population in need of urgent action. This is because some households may be in Phase 2 or even 1 but only because of receipt of assistance, therefore they may be in need of continued action.

Phase name and description	Phase 1 None/Minimal	Phase 2 Stressed	Phase 3 Crisis	Phase 4 Emergency	Phase 5 Catastrophe/ Famine
	Households are able to meet essential food and non-food needs without engaging in atypical and unsustainable strategies to access food and income.	Households have minimally adequate food consumption but are unable to afford some essential non-food expenditures without engaging in stress-coping strategies.	Households either: • Have food consumption gaps that are reflected by high or above-usual acute malnutrition; or • Are marginally able to meet minimum food needs but only by depleting essential livelihood assets or through crisis-coping strategies.	Households either: • Have large food consumption gaps which are reflected in very high acute malnutrition and excess mortality; or • Are able to mitigate large food consumption gaps but only by employing emergency livelihood strategies and asset liquidation.	Households have an extreme lack of food and/or other basic needs even after full employment of coping strategies. Starvation, death, destitution and extremely critical acute malnutrition levels are evident. (For Famine Classification, an area needs to have extreme critical levels of acute malnutrition and mortality.)

Projected food insecure population (January to March 2023)

The food security situation is projected to worsen between January and March 2023, which corresponds to the final and second half of Namibia's lean season, with 390 000 people forecasted to experience high levels of acute food insecurity (IPC Phase or above). There will be a rise to 6 in the number of regions classified as being in Crisis (IPC Phase 3 or higher) (Kavango East, Kavango West, Kunene, Omaheke, Oshikoto, and Otjozondjupa) It is expected that as households exit the festive period with few opportunities for casual work and face rising and above-average food prices made worse by inflation, rising fuel prices, and the effects of the Ukraine/Russia conflict, the food security situation will deteriorate even further.

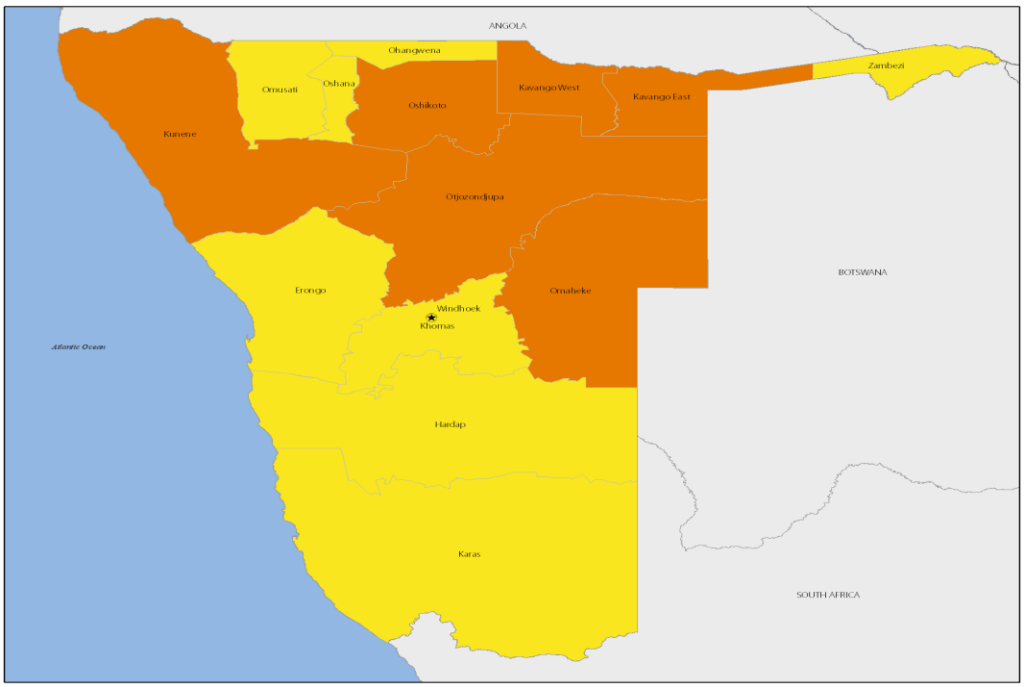
Key Assumptions:

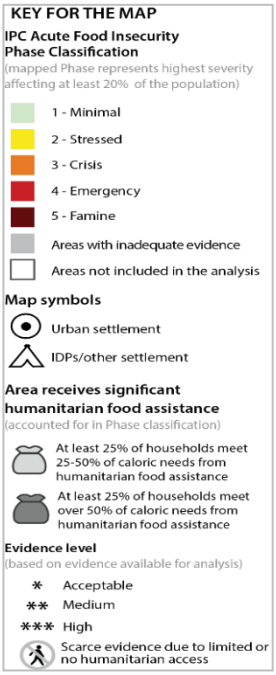
- **Food availability:** Though the current cereal domestic availability is only 45 % of the total requirement for 2022/23, food availability, including staples, is expected to remain sufficient through commercial imports from neighbouring countries particularly South Africa.
- **Food Access**: As a result of escalating fuel prices from March to September 2022, commodity prices are expected to trend at levels above the five-year average prices throughout the projected period. The poor and vulnerable populations that spend a significant portion of their incomes on food face the brunt of surging food prices. The escalating fuel prices will also likely affect the exchange rate, with a possible negative impact on economi c growth
- **Agricultural inputs**: Namibia does not produce fertilizer and the upward trend in fertiliser prices will make it challenging for farmers to access fertilisers thus impacting their potential harvests and food supplies in the upcoming agricultural season
- **Informal cross-border trade**: Informal cross border inflows will take a little longer to recover to full scale as the economy is still affected by COVID-19 restrictions that may still exist in neighbouring countries in the region.
- **Labour opportunities and migration**: Labour opportunities and wages for poorer house- holds are expected to be higher compared to last year as the impacts of COVID-19 are eased
- **Casual labour** opportunities are expected to improve as the country expects a normal to above normal rain season October 2022 –March 2023.
- **Seasonal forecast and flooding potential**: SARCOF 26 forecasts a normal to above normal rain season for most of namibia increasing the potential for flash flooding in selected areas
- **Overall food price inflation**. The inflation rate for food which increased by 8.9 percent (August) compared to 5.5 percent registered during the same period in 2021, will further reduce the purchasing power of already vulnerable groups and may lead to an increase in the population req uiring assistance
- **Hazards/Shocks (Pest and Diseases)** - The outbreak of Contagious Bovine Pleura-pneumonia (CBBP) which has spread from Kavango west to Oshikoto, Omusati and Ohangwena regions in the north-central part of the country and the sporadic outbreaks of brown locust observed in Southern Namibia will negatively affect both livestock and crop production.
- **Safety Nets:** Government implementation of existing safety nets will continue
- **Covid 19**: The current situation on COVID-19 pandemic will remain stable with low cases for both current and projected period
- **Livestock Feed**: As the season has been forecasted as above normal, livestock grazing fields are expected to improve in condition and availability
- **Veldt fires:** Veld fires are expected to be at minimum compared to last year which had more drier conditions than forecasted this year. Hence livestock grazing availability will not be affected by wildfires

Impact of Ukraine/Russia Conflict

Given that Namibia buys around 56% of its wheat and 5% of its fertilisers from Russia, the conflict between Russia and Ukrain e had an impact on the importation of wheat and fertilizers. The conflict has also resulted in the increase in the cost of both imported and domestically produced produce. Fertili zers, fuel, and gas prices also increased because of the conflict. Given that Namibia exported around 1% of all table grape exports to Russia in 2020, the war is likely to have an impact on the export of table grapes over the upcoming season, which runs from October 2022 to January 2023.

Map of Projection 1: IPC Acute Food Insecurity Situation (January – March 2023)





Population table for the first projected period: January – March 2023

Region	Area Phase	Total Population	Phase 1		Phase 2		Phase 3		Phase 4		Phase 5		Phase 3 or above	
		Number	Number (#)	Percentage (%)	Number (#)	Percentage (%)	Number (#)	Percentage (%)	Number (#)	Percentage (%)	Number (#)	Percentage (%)	Number (#)	Percentage (%)
Erongo	2	222,380	88,952	40	122,309	55	11,119	5	-	-	-	-	11,119	5
Hardap	2	96,626	38,650	40	43,482	45	14,494	15	-	-	-	-	14,494	15
Kavango East	3	163,196	57,119	35	73,438	45	32,639	20	-	-	-	-	32,639	20
Kavango West	3	92,782	41,752	45	32,474	35	18,556	20	-	-	-	-	18,556	20
//Kharas	2	96,015	52,808	55	28,805	30	14,402	15	-	-	-	-	14,402	15
Khomas	2	513,044	359,131	70	102,609	20	51,304	10	-	-	-	-	51,304	10
Kunene	3	112,130	50,459	45	28,033	25	28,033	25	5,607	5	-	-	33,640	30
Ohangwena	2	270,452	108,181	40	121,703	45	40,568	15	-	-	-	-	40,568	15
Omaheke	3	77,652	38,826	50	19,413	25	19,413	25	-	-	-	-	19,413	25
Omusati	2	259,554	155,732	60	64,889	25	38,933	15	-	-	-	-	38,933	15
Oshana	2	205,336	71,868	35	102,668	50	30,800	15	-	-	-	-	30,800	15
Oshikoto	3	212,160	95,472	45	74,256	35	42,432	20	-	-	-	-	42,432	20
Otjozondjupa	3	165,550	82,775	50	57,943	35	24,833	15	-	-	-	-	24,833	15
Zambezi	2	109,160	60,038	55	32,748	30	16,374	15	-	-	-	-	16,374	15
Grand Total		**2596037**	**1301762**	**50**	**904768**	**35**	**383900**	**15**	**5607**	**-**	**-**	**-**	**389507**	**15**

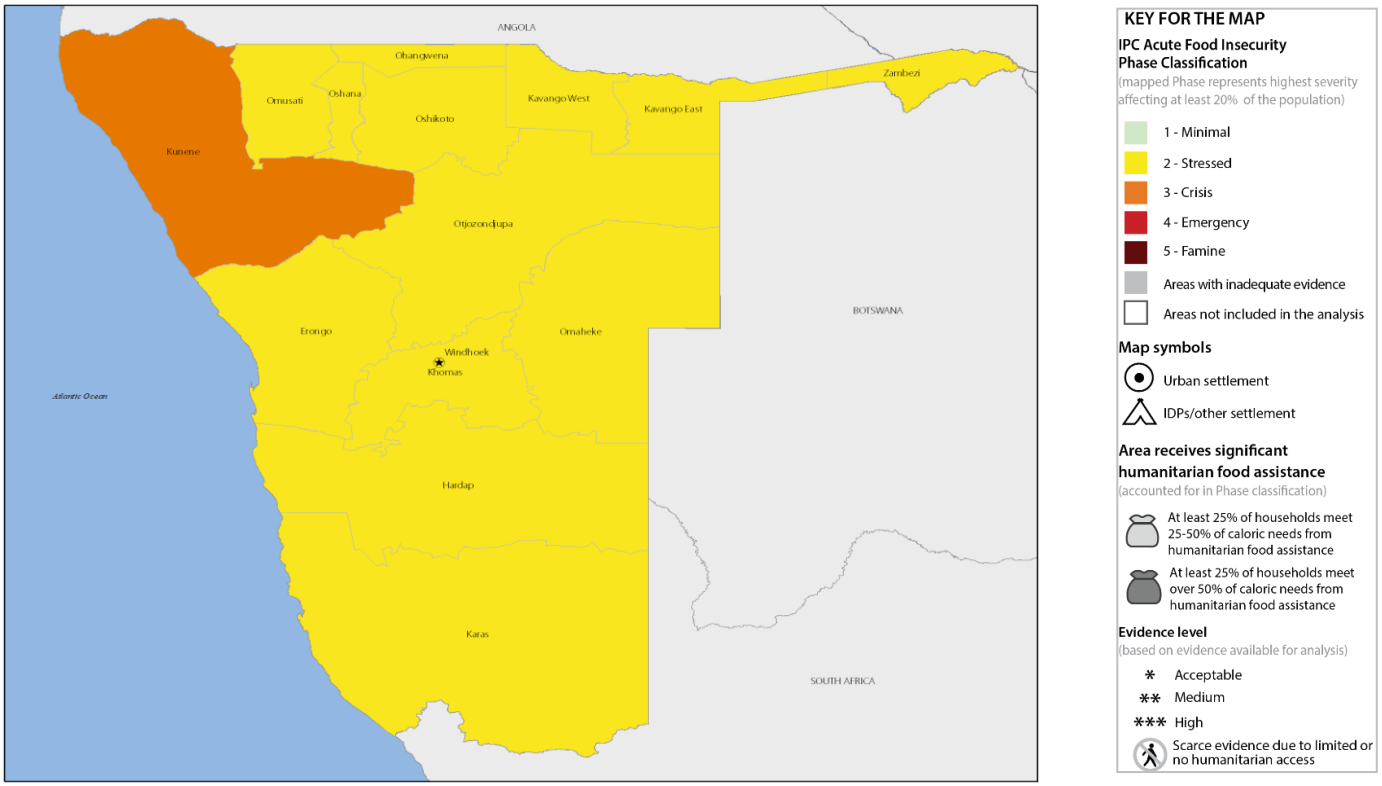
Note: A population in Phase 3+ does not necessarily reflect the full population in need of urgent action. This is because some households may be in Phase 2 or even 1 but only because of receipt of assistance, therefore they may be in need of continued action.

Phase name and description	Phase 1 None/Minimal	Phase 2 Stressed	Phase 3 Crisis	Phase 4 Emergency	Phase 5 Catastrophe/ Famine
	Households are able to meet essential food and non-food needs without engaging in atypical and unsustainable strategies to access food and income.	Households have minimally adequate food consumption but are unable to afford some essential non-food expenditures without engaging in stress-coping strategies.	Households either: • Have food consumption gaps that are reflected by high or above-usual acute malnutrition; or • Are marginally able to meet minimum food needs but only by depleting essential livelihood assets or through crisis-coping strategies.	Households either: • Have large food consumption gaps which are reflected in very high acute malnutrition and excess mortality; or • Are able to mitigate large food consumption gaps but only by employing emergency livelihood strategies and asset liquidation.	Households have an extreme lack of food and/or other basic needs even after full employment of coping strategies. Starvation, death, destitution and extremely critical acute malnutrition levels are evident. (For Famine Classification, an area needs to have extreme critical levels of acute malnutrition and mortality.)

Projected food insecure population (April to August 2023)

Between April and August 2023, it is projected that the food security situation will improve as households start consuming food from their own production, which marks the beginning of the 2023–2024 consumption period, as a result of normal to above normal rainfall projected for the 2022–2023 rainfall season. During this period, it is estimated that 234 000 people (or 9% of the population) will experience high food insecurity between April and August 2023. (IPC Crisis or above). The impact of the conflict in Ukraine/Russia is predicted to lessen during Namibia's post-harvest season and above-average production is anticipated in South Africa.

Map of PROJECTION 2 IPC ACUTE FOOD INSECURITY SITUATION (APRIL – AUGUST 2023)



Population table for the second projection period: APRIL – AUGUST 2023

Region	Area Phase	Total Population	Phase 1		Phase 2		Phase 3		Phase 4		Phase 5		Phase 3 or above	
		Number	Number (#)	Percentage (%)	Number (#)	Percentage (%)	Number (#)	Percentage (%)	Number (#)	Percentage (%)	Number (#)	Percentage (%)	Number (#)	Percentage (%)
Erongo	2	222,380	88,952	40	122,309	55	11,119	5	-	-	-	-	11,119	5
Hardap	2	96,626	53,144	55	33,819	35	9,663	10	-	-	-	-	9,663	10
Kavango East	2	163,196	89,758	55	57,119	35	16,320	10	-	-	-	-	16,320	10
Kavango West	2	92,782	55,669	60	32,474	35	4,639	5	-	-	-	-	4,639	5
//Kharas	2	96,015	57,609	60	28,805	30	9,602	10	-	-	-	-	9,602	10
Khomas	2	513,044	410,435	80	76,957	15	25,652	5	-	-	-	-	25,652	5
Kunene	3	112,130	50,459	45	28,033	25	28,033	25	5,607	5	-	-	33,640	30
Ohangwena	2	270,452	108,181	40	135,226	50	27,045	10	-	-	-	-	27,045	10
Omaheke	2	77,652	38,826	50	27,178	35	11,648	15	-	-	-	-	11,648	15
Omusati	2	259,554	155,732	60	77,866	30	25,955	10	-	-	-	-	25,955	10
Oshana	2	205,336	92,401	45	92,401	45	20,534	10	-	-	-	-	20,534	10
Oshikoto	2	212,160	148,512	70	53,040	25	10,608	5	-	-	-	-	10,608	5
Otjozondjupa	2	165,550	91,053	55	57,943	35	16,555	10	-	-	-	-	16,555	10
Zambezi	2	109,160	60,038	55	32,748	30	16,374	15	-	-	-	-	16,374	15
Grand Total		**2596037**	**1500769**	**58**	**855916**	**33**	**233746**	**9**	**5607**	**-**	**-**	**-**	**239352**	**9**

Note: A population in Phase 3+ does not necessarily reflect the full population in need of urgent action. This is because some households may be in Phase 2 or even 1 but only because of receipt of assistance, therefore they may be in need of continued action.

Phase name and description	Phase 1 None/Minimal	Phase 2 Stressed	Phase 3 Crisis	Phase 4 Emergency	Phase 5 Catastrophe/ Famine
	Households are able to meet essential food and non-food needs without engaging in atypical and unsustainable strategies to access food and income.	Households have minimally adequate food consumption but are unable to afford some essential non-food expenditures without engaging in stress-coping strategies.	Households either: • Have food consumption gaps that are reflected by high or above-usual acute malnutrition; or • Are marginally able to meet minimum food needs but only by depleting essential livelihood assets or through crisis-coping strategies.	Households either: • Have large food consumption gaps which are reflected in very high acute malnutrition and excess mortality; or • Are able to mitigate large food consumption gaps but only by employing emergency livelihood strategies and asset liquidation.	Households have an extreme lack of food and/or other basic needs even after full employment of coping strategies. Starvation, death, destitution and extremely critical acute malnutrition levels are evident. (For Famine Classification, an area needs to have extreme critical levels of acute malnutrition and mortality.)

Conclusions

The food security situation has significantly improved compared to last year as the country recovers from the impacts of COVID-19 and climatic shocks. According to the IMF sharp losses in tourism, retail, commerce and investments, health, and education have been identified to have had put pressure on the country.

According to the updated estimates for the whole crop, the nation has harvested 151,723MT, which is 23% more than the normal annual production of 123,710MT and 1% less than the harvest of 153,028MT from previous season.

Between September and December 2022, an estimated 376,000 people (or 16% of the population), according to the most recent IPC Acute Food Insecurity Analysis conducted in October 2022, will be experiencing Crisis or worse (IPC Phase 3 or higher), with about 6,000 of those people expected to be in Emergency (IPC Phase 4). When compared to last year, this is however a significant improvement in the food security situation of the country.

The food security situation is projected to worsen between January and March 2023, which corresponds to the final and second half of Namibia's lean season, with 390 000 people forecasted to experience high levels of acute food insecurity (IPC Phase or above). It is expected that as households exit the festive period with few opportunities for casual work and face rising and above-average food prices made worse by inflation, rising fuel prices, and the effects of the Ukraine/Russia conflict, the food security situation will deteriorate even further.

Between April and August 2023, it is projected that the food security situation will improve as households start consuming food from their own production, which marks the beginning of the 2023–2024 consumption period, as a result of normal to above normal rainfall projected for the 2022–2023 rainfall season. During this period, it is estimated that 234 000 people (or 9% of the population) will experience high food insecurity between April and August 2023. (IPC Crisis or above). The impact of the conflict in Ukraine/Russia is predicted to lessen during.

Nutrition vulnerability is a factor that needs serious consideration and improved analysis. Due to the increase in admissions for acute malnutrition in 2022, there is need to continue to monitor the situation and improve the quality of data on nutrition status to establish trends within different regions. There is need to make sure that nutrition anthropometric data is captured every year to track challenges in the regions and vulnerable groups as well as nationally.

Recommendations

Urgent action is required to save lives, reduce food consumption gaps and protect livelihoods, especially for populations classified in Crisis (IPC Phase 3) and Emergency (IPC Phase 4). The following response priorities are proposed:

- Ministry of Gender Equality, Poverty Eradication and Social Welfare to continue with the food distribution for the Marginalized Communities.
- Reduce food consumption gaps by improving access to food through appropriate modalities for households in deficit areas.
- Promote resilience/climate-smart agricultural production in the areas which depend on crop and livestock activities.
- Strengthen transboundary disease/pest early-warning and surveillance systems especially for the African Migratory Locusts, and Foot and Mouth Disease in livestock.
- Develop a sensitization program to promote drought resistant breeds and seed varieties
- Government to continue to assist and monitor households in the phase 3 by continuing provision of safety nets to marginalized communities and the most vulnerable people.
- The government should provide electricity utilities subsidies to all Green Schemes to improve agriculture production.
- Government should establish community awareness programs to capacitate local communities on human wildlife conflict
- The government should allocate budget to Councils for the renovation of livestock Quarantine camps for example in Mukwe and Ndiyona.
- The government should provide sufficient budget to Rural Water Supply to cater for additional water pipelines in rural areas and boreholes in the inlands to address shortage of water.
- The government to implement community awareness program to educate community on the importance of drinking safe water.
- Provide loans to strengthen investment in the value chain, to include processing, marketing and distribution at key growth points in the region to reduce rural urban migration.
- Develop and implement water management strategies that include irrigation and livestock support to subsistence farmers with little resources.
- Create awareness and provide capacity building to the youth to engage in developmental programme.
- Secure access to social protection by enhancing resilience through provision of national documents

Recommendations on Health and Nutrition

- Preventative measures for acute malnutrition in children under five are to be strengthened, not only through improvement of food access, but also through improved caring practices health seeking behavior, and provision of access to clean water, sanitation, and improved hygiene practices.
- Food-based interventions should consider more than just the staple foods, but also mineral and vitamin enriched foods such as fruits and vegetables. If micronutrient-rich foods are not available, consider the introduction of multiple micronutrient supplements for vulnerable groups such as pregnant and breastfeeding mothers and children under the age of 5.
- Multiple sectors need to come together for the promotion, protection, and support of exclusive breastfeeding for the first 6 months of a child's life and continued breastfeeding with adequate nutritionally balanced complementary foods introduced at 6 months of age.