



Comprehensive Africa Agriculture Development Programme (CAADP)

CAADP Nutrition Capacity Development Workshop for the Southern Africa Region

Nutrition Country Paper – NAMIBIA

DRAFT - ENGLISH VERSION

September 2013

This synthesis has been elaborated in preparation for the CAADP workshop on the integration of nutrition in National Agricultural and Food Security Investment Plan, to be held in Gaborone, Botswana, from the 9th to the 13th September 2013.

The purpose of this Nutrition Country Paper is to provide a framework for synthesizing all key data and information required to improve nutrition in participating countries and scale up nutrition in agricultural strategies and programs. It presents key elements on the current nutritional situation as well as the role of nutrition within the country context of food security and agriculture, including strategy, policies and main programs. The NCPs should help country teams to have a shared and up-to-date vision of the current in-country nutritional situation, the main achievements and challenges faced both at operational and policy levels.

General sources used to produce this document

The tableau below suggests a list of sources to consult when completing the NCP. This list needs to be completed with all country-specific documents (e.g. national policies, strategic plans) that are available in your country.

Sources	Information	Lien internet
CAADP	Signed Compact / Investment plans / Stocktaking documents / Technical Review reports if available	http://www.nepad-caadp.net/library-country-status-updates.php
DHS	DHS Indicators	http://www.measuredhs.com/Where-We-Work/Country-List.cfm
FANTA	Food and Nutrition technical assistance / select focus countries	http://www.fantaproject.org/
FAO	Nutrition Country Profiles	http://www.fao.org/ag/agn/nutrition/profiles_by_country_en.stm
	FAO Country profiles	http://www.fao.org/countries/
	FAO STAT country profiles	http://faostat.fao.org/site/666/default.aspx
	FAPDA – Food and Agriculture Policy Decision Analysis Tool	http://www.fao.org/tc/fapda-tool/Main.html
	MAFAP – Monitoring African Food and Agricultural Policies	http://www.fao.org/mafap/mafap-partner-countries/en/
OMS	Nutrition Landscape information system (NILS)	http://apps.who.int/nutrition/landscape/report.aspx
REACH	REACH multi-sectoral review of existing data on the nutrition situation, programmes and policies	<i>When available</i>
ReSAKKS	Regional Strategic Analysis and Knowledge Support System	http://www.resakks.org/
SUN	Progress Report from countries and their partners in the Movement to Scale Up Nutrition (SUN)	http://scalingupnutrition.org/resources-archive/progress-in-the-sun-movement
UNICEF	Nutrition Country Profiles	http://www.childinfo.org/profiles_974.htm
	MICS: Multiple Indicators Cluster Surveys	http://www.childinfo.org/mics_available.html
WFP	Food security reports	http://www.wfp.org/food-security/reports/search
World Bank	Economic reports	http://data.worldbank.org/indicator
UNDP	Development report	http://hdr.undp.org/en/data/profiles/
NPC	Fourth National Development	http://npc.gov.na/ndp4
MHSS	Strategic plan for Nutrition 2011-2015	http://www.mhss.gov.na
NAFIN	MULTI SECTORAL COUNTRY IMPLEMENTATION PLAN FOR SCALING UP NUTRITION	http://www.mhss.gov.na (add correct website)
NAFIN	Multi-sectoral nutrition implementation plan, Results framework & dashboard of indicators	

I. Context –Food and nutrition situation

<i>General Indicators</i>		<i>Sources/Year</i>
Population below international poverty line of US\$1.25 per day	49%	UNICEF 2009
Under-five mortality rate (per 1,000 live births)	↘ 48	UNICEF 2009
Infant mortality rate (per 1,000 live births)	↘ 34	UNICEF 2009
Primary causes of under-five deaths : -HIV/AIDS	14%	WHO, UNICEF, UNFPA and World Bank 2010
Maternal mortality rate /100 000 lively births	180	UNICEF 2009
Primary school net enrolment or attendance ratio	89%	UNICEF2005- 2009
Primary school net enrolment -ratio of females/males	1.0	UNICEF 2005- 2009
HIV/AIDs prevalence between adults 15-49 years	13.4%	UNAIDS, WHO 2011
Percentage of population living in rural areas	62%	World Bank 2010
Access to improved drinking water in rural areas	88%	WHO/UNICEF JMP 2010
Access to improved sanitation in rural areas	21%	WHO/UNICEF JMP 2010
<i>Agro-nutrition indicators</i>		<i>Sources/Year</i>
Land area (1000 ha)	82329	FAOSTAT 2011
Agricultural area (1000 ha)	38809	FAOSTAT 2011
<i>Food Availability and consumption</i>		
Average dietary energy requirement (ADER)	2310	FAO 2006-08
Dietary energy supply (DES)	2360	FAO 2006-08
Total protein share in DES	11.3%	FAO 2006-08
Fat share in DES	20.8%	FAO 2006-08
Average daily fruit consumption (excluding wine) (g)	N/A	
Average daily vegetable consumption (g)	N/A	

Geography, population & human development

Namibia is one of the driest countries in sub-Saharan Africa and drought is a common phenomenon in most parts of the country. Rainfall ranges from 50mm on the west coast to 700mm in parts of northeast. Only 8% of the country receives over 500 mm of rain which is regarded as the minimum necessary for dryland cropping, mainly in the Caprivi region. Commercial agriculture is concentrated in the central and southern regions, where the soils are well vegetated and help to support livestock. Reoccurring droughts and flooding are among the biggest challenges faced by farmers. Of the total water output, 71% percent goes to agricultural use. Male

migration has resulted in approximately 42% of rural households to be headed by females. Namibia's life expectancy is a rather low 61 years of age. HIV infections continue to remain a serious concern, despite a decline in HIV prevalence rates from 22% in 2002 to 17.8% in 2008. Namibia also has one of the highest tuberculosis prevalence rates in the world at 765 per 100,000 with some regions reporting tuberculosis rates as high as 1,000 per 100,000. Education levels are low with only 13% of females and 14% of males completing secondary school. In fact, the HDI is being pulled down by a fall in life expectancy that is only partially offset by improvements in household income and educational attainment. According to the 4th National Development Plan, the country ranked 120 out of 187 (within the medium human development countries).verify with 2011 census.

Economic Development

Namibia is among the 'upper middle income countries' with an annual per capita income averaging US\$ 6,580 (World Bank 2010). Since independence in 1990, Namibia's economy has experienced steady economic growth in most years. However, certain daunting development challenges remain. In particular, while poverty rates have declined since independence, widespread unemployment and distribution of income and assets remain significant issues. The economic growth has not benefited all equally, nor reduced the levels of poverty across the country. With a Gini coefficient of 0.58 (NDP4), Namibia is among some of the least equitable countries in the world. Economic activity is concentrated in primary sector activities – the extraction and processing of minerals for export (20% of GDP), large scale commercial livestock farming and fishing. The agriculture sector continues to be one of the most important sectors in that it is a major source of income and employment for the bulk of the population (4.1% of GDP in 2010 -livestock sector 2.2%, crop farming 1.9%). It also includes processing activities, such as meat processing, and food and beverage production including milling that also contribute positively to GDP.

Agriculture (cultivable area, main cash and food crops, livestock production)

Less than half the land area is agricultural. Only 0.97% of the land is arable and 0.01% is under permanent crops (FAOSTAT 2011). Namibia's potential for agriculture is severely limited due to climatic and soil factors. The main food crops grown in Namibia are millet and maize. Other food crops include ground nuts, sorghum, cow peas, wheat and sunflowers.

The main livestock outputs are cattle, sheep and goats which is produced on commercial and communal farms. (FAO, 2008) The Ministry of Agriculture, Water and Forestry (MAWF) is implementing initiatives geared to improving food production, including the diversification of crop production to bring about improved nutritional status in the country. These initiatives include projects such as Green Scheme, National Horticulture Development Initiative, Dry-land Crop Production and

Kalimbeza rice project for grain producers and Strategic Food Reserve Facilities (silos). (MoHSS, 2011).

Namibia's fishing industry is well known for its world class capabilities, in handling, distributing, and marketing of fish products. As the custodian of fisheries and marine resources, the ministry welcomes the fishing industry at large, private sector, and all stakeholders to enable them to share information, and other newsworthy developments in the sector. The Directorate of Aquaculture under the Ministry of Fisheries and Marine Resources was established in 2003. There is legal framework in place namely: Aquaculture policy (2001), Aquaculture Act (2002) and Aquaculture Strategic Plan (2004). This legislation ensures that the sector is managed sustainably. The objective of the establishment of the aquaculture sector is to provide for food security, income generation and poverty reduction (MFMR 2011).

Namibia Fish Consumption Promotion Trust (NFCPT) was established in March 2001 as per Cabinet resolution 38th/05 12:00/0.00. In terms of this resolution, the NFCPT aims at promoting fish consumption within Namibia by making fish more accessible and affordable. Furthermore teaching the public how to cook fish and in so doing attaining the most nutritional value from it. During the 2010 fishing season, the NFCPT was allocated a horse mackerel quota amounting to 13000mt and 2000mt additional during the same season. The Trust was granted 800mt of hake quota for 2010/11 fishing season N\$1,150,000.00 was provided in hake and by catches stocks for distribution and donation country wide (NFCPT 2011).

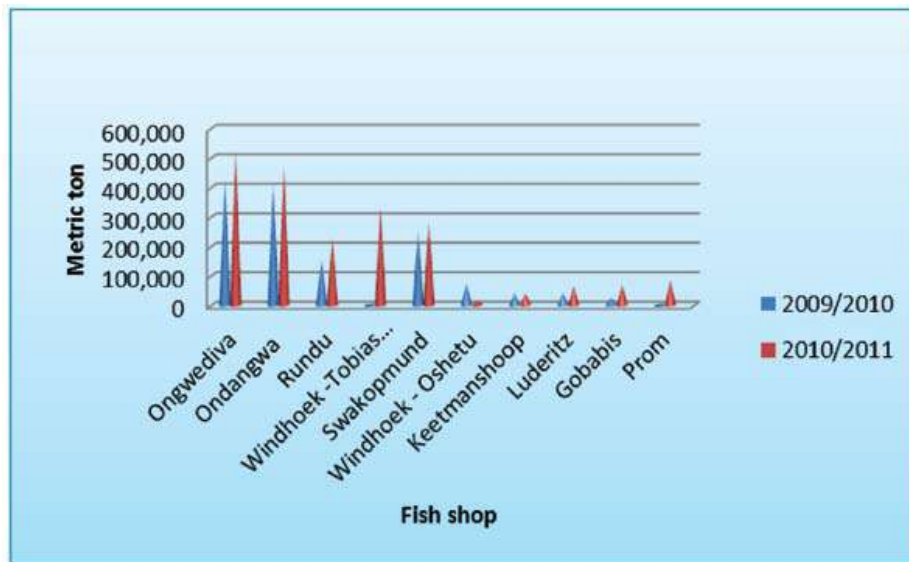


Figure: Comparisons of stock distributed during two financial years at different fish shops (2011).

Donation received

FishCor has provided a free fish shop to NFCPT at Lüderitz inclusive of water and electricity and facilities. Cadilu fishing and Corvima fishing are the only two companies that provided NFCPT donation with hake heads. Cadilu Fishing availed 9.771mt valued at N\$11,725.20 and Corvima donated 12.901mt valued at N\$15,481.20. Meanwhile, under the same year, Ferreira (Blue Sea) assisted NFCPT with 300mt free cold storage space to store the frozen fish for distribution countrywide (NFCPT 2011).

Fish donation

During the year under review NFCPT donated 2.511mt value at N\$26,214 to the employees as part of employment benefit and 16.253mt valued at N\$162,659 to different communities across the country.

The quantities donated to communities include frozen products and products cooked at promotions, namely; horse mackerel 25+, 20+, 18+, 16-, Silver Angel, Hake H/G, Hake fillet, Snoek, Reds Dentex, Hake Offcuts, Ribbon Snoek. Total amount of stocks donated during the year under review is 18.764mt with the total value of N\$188,873.00(NFCPT 2011).

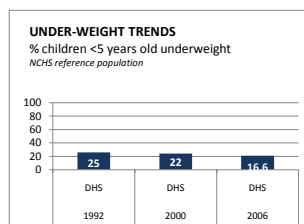
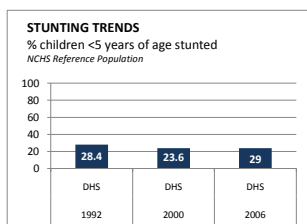
Food Security (food availability, access, utilization, diet and food habits, and coping mechanisms)

Production output has been fluctuating over the past years. Recent weather patterns have been characterized by drought and devastating floods in most parts of the country contributing to poor cereal production. About 70% of the population is directly or indirectly dependent on some form of agricultural activity for their livelihood. Livestock farming constitutes about 60% of the total output of the agricultural sector (Beef for 87% of the gross agricultural income, but also mutton/lamb, goat and pork). Pearl Millet, commonly known as "Mahangu," is the major crop cultivated in Namibia, followed by white maize and wheat. Namibia depends on the import of maize and wheat to meet 40% of its cereal requirements. Other crops cultivated in Namibia include grapes, dates and horticultural crops, as well as cow peas, groundnut, rice and sorghum. Subsistence farmers living on communal farms, located in the north-central Namibia, are estimated to produce 60% of their staple food. Also pearl millet is cultivated primarily for domestic consumption, with generally self-sufficiency. Animal products, fish, cow peas and groundnuts provide the primary source of protein in the Namibian diets. Although food availability is not a concern, access and utilization is left to individual households and with high unemployment rates and economic disparity, the majority of the poor struggle to meet daily energy requirements.

Main causes of malnutrition related to economic vulnerability and food security

- unemployment and poverty
- Consecutive natural disasters (droughts/floods) diminish the coping capacity of households
- Prevalence of HIV/AIDS and TB
- Large income gap
- Erratic rainfall patterns
- Low soil productivity

Agro-Nutrition Indicators (continued)		Sources/Year
Nutritional Anthropometry (WHO Child Growth Standards)		
Prevalence of stunting in children < 5 years of age	29%	NDHS 2006-07
Prevalence of wasting in children < 5 years of age	7.5 %	NDHS 2006-07
Prevalence of underweight children < 5 years of age	16.6 %	NDHS 2006-07
% of underweight Women (15-49 years) (BMI < 18.5 kg/m ²)	15.9%	NDHS 2006-07
% of overweight Women (15-49 years) (BMI ≥ 25. kg/m ²)	28%	NDHS 2006-07
Prevalence of obesity		
- Children under 5 years old	N/A	
- Women of reproductive age (BMI > 30 kg/m ²)	11.7%	NDHS 2006-07



Indicator (source DHS 2006-2007)	Gender			Residence			Wealth Quintile					
	Male	Female	Ratio m/f	Urban	Rural	Ratio u/r	1 low	2	3	4	5 high	Ratio high to low
Stunting prevalence < 5 y (WHO Child Growth Standards)	32	26	1,2	24	31	0,8	37	36	28	24	13	0,4
Under weight prevalence < 5 y (WHO Child Growth Standards)	7	8	0,9	6	8	0,8	8	9	9	6	4	0,5

Nutritional Situationⁱ

A comparison of anthropometric indicators from the 1992, 2000 and 2006-07 Demographic and Health Surveys (using the NCHS reference population to analyze grow standards) shows little change in the nutritional status of children. While the rate of stunting dropped from 1992 to 2000, it increased from 24% to 29% from. At 24%, Namibia has almost twice the percentage of moderately stunted children (and three times of severely stunted children) than what is expected for a country with its level of economic performance. The general pattern indicates that regions with high levels of poverty, low literacy rates, high HIV/AIDS prevalence and with predominantly rural populations have the highest levels of stunting: ranging from 39% in Kavango to 22% in Erongo. Children born in the poorest and second poorest wealth quintile households have a threefold risk of being stunted compared to those born in the richest quintile. The percentage of underweight children has decreased from 26% in 1992 to 17% in 2006 and the rates of wasting show a slight improvement as measured by the Demographic and Health Survey 2006-07 dropping to 7.5% in 2006 from 9.6% in 1992. (Namibia Demographic and Health Surveys: 1992: 2000 and 2006). Malnutrition is also affecting women **with 15.9% of them underweight whereas 28% were overweight or obese (16.4% overweight and 11.7% obese (DHS 2006-07).**

Agro-nutrition indicators (continued)		Sources/Year
Infant feeding by age		
Children (0-6 months) who are exclusively breastfed	24%	DHS 2006-2007
Children (6-9 months) who are breastfed with complementary food	72%	DHS 2006-2007
Children (9-11 months) who are using a bottle with a nipple	46.2	DHS 2006-2007
Children (20-23 months) who are still breastfeeding	28%	UNICEF 2003-08
Prevalence of micronutrient deficiencies		
Prevalence of vitamin A deficiency among pre-school children (serum retinol < 0.70 µmol/l)	17.5	WHO*
Prevalence of vitamin A deficiency among pregnant women (serum retinol < 0.70 µmol/l)	19.2	WHO*
Prevalence of anemia among pre-school children (Hb<110 g/l)	41%	DHS 2006-2007
Prevalence of anemia among pregnant women (Hb<120 g/l)	31%	DHS 2006-2007
Prevalence of iodine deficiency among school-aged children (urinary iodine < 100 µg/L)	29%	Nationwide
Coverage rates for micronutrient-rich foods and supplements intake		
% Households consuming adequately iodized salt (≥ 15ppm)	63%	2009 UNICEF
Vitamin A supplementation coverage rate (6-59 months)	51.5%	2006-07 DHS
Vitamin A supplementation coverage rate (postpartum)	51%	DHS 2006-2007
Iron supplementation coverage among pregnant women	N/A	
Women took iron tablets or syrup during pregnancy of last birth of 90 days or more	31%	DHS 2006-2007

* No year of survey found. The data is from "WHO. 2009. Global Prevalence of Vitamin A / Deficiency in Populations at Risk 1995–2005."

Infant feeding

Breastfeeding is nearly universal in Namibia and most children (94%) have been breastfed at some time. The majority of children (70.8%) receive breast milk within the first hour after birth (early initiation (EI), with the Caprivi region reporting 81% of EI and Omaheke reporting 55% of EI. However, only 24% of infants are exclusively breastfed for the first 6 months. The median duration of any breastfeeding is 19 months for rural populations and only 10 months for urban populations. The introduction of complementary foods is primarily grain based. The DHS 2006 found that only 4 in 10 children age 6-23 months receive vitamin A-rich foods and more than half of children receive meat, fish, shellfish, poultry or eggs. Feeding frequency with complementary foods does not increase from a recommended 2 to 3 times per day after 9 months. NDHS 2006

Micronutrients

Micronutrient deficiencies remain a serious problem in the country. For example, Iron-deficiency anaemia affected 41% of preschool children (DHS 2006-2007). Iodine deficiency is also a problem in the country. In response, the government launched an iodine supplementation campaign and passed legislation on mandatory iodization of household salt. A follow-up survey in 1999 showed the national average of severe iodine deficiency from urinary iodine remained relatively high, at 14.9% of 8-12 year olds (MOHSS, 2001). Despite the legislation on salt iodization, close to 63% of households - approximately 800,000 Namibians – are consuming un-iodized salt, according to the 2000 DHS. Although more recent data on micronutrient deficiencies in Namibia is unavailable, it is very likely that without formal micronutrient fortification of staple food grains, cereals and other commonly consumed foods the prevalence of these deficiencies amongst women is high. The reported high numbers of still births and spinal neural defects are indicators which point to the likelihood of deficiencies.

Care practices and sociocultural issues (incl. gender issues; cultural habits/norms)

The discrepancies between wasting, stunting and underweight suggest that children are receiving enough calories in their diet to achieve weight gain, but not sufficient calories and micronutrients to keep them growing taller. Alternatively, children may receive sufficient calories, but due to conditions where sanitation coverage is limited and unhygienic practices prevalent, diarrhoeal diseases may result, predisposing the children to malabsorption syndrome and excessive nutrient losses caused by inflammation and physical damage to the intestine from invading gut pathogens. For girls and women, low height-for-age has implications on birth outcomes when they become mothers. Teenage girls are the most likely to be of short stature and have a low body mass index and are therefore at increased risk of delivering low birth weight babies. In Namibia, 15.4% of girls have their babies before their 20th birthday. In rural areas, this is as high as 18.9% and in the urban areas, 11.8% of teenage girls fall pregnant. Kavango region in Namibia has the highest prevalence of

teen pregnancies at 34% (WHO, 2009). Notably, Kavango also accounts for the highest stunting prevalence among children under the age of five years (NDHS 2006-07).

The results from the NDHS 2006-07 Report indicated that stunting decreased with increasing wealth. The highest prevalence of stunting was found among children in the lowest two wealth quintiles (37% and 35.7%, respectively). When education was examined as a determinant of stunting, increasing literacy was associated with a decrease in stunting prevalence. Children born to mothers who had received no formal schooling or had less than a primary education were at the highest risk of stunting (38% and 36%, respectively (NDHS 2006 – 07).

National food security and nutrition information system

The Ministry of Health and Social Services has the District Health Information System and the HIV Research, Monitoring and Evaluation System through which data are collected at the health facility level. Nutrition indicators are integrated into these systems. Although nutrition information is collected, there is no systematic way in which the data is collated and analysed for programme planning and early warning.

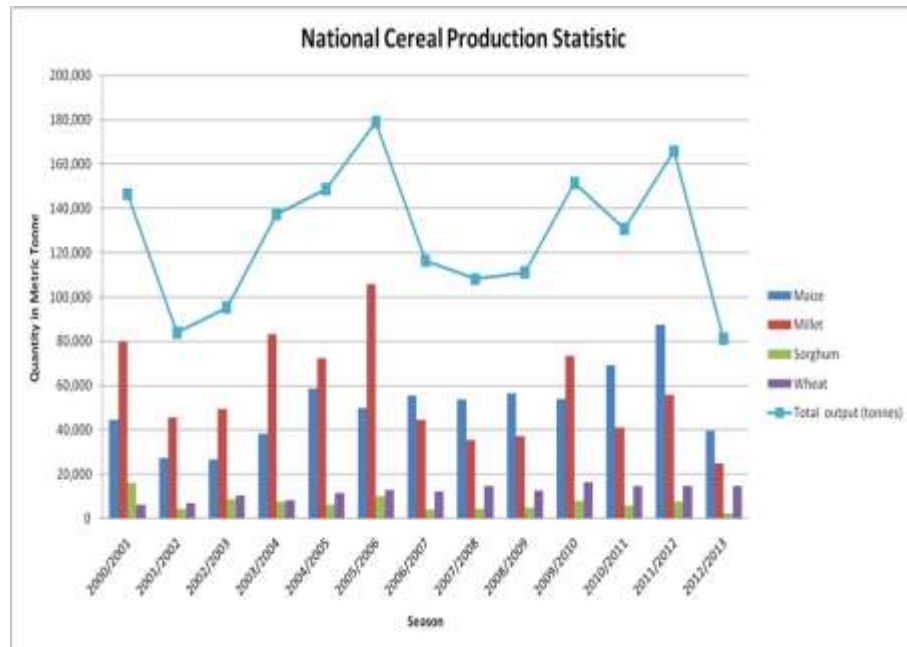
Main linkages between malnutrition and disease (incl. HIV/AIDS)

Namibia's high rate of HIV can have bad impact on children's feeding

Main causes of malnutrition related to care and infant feeding practices, sociocultural barriers (incl. gender issues)

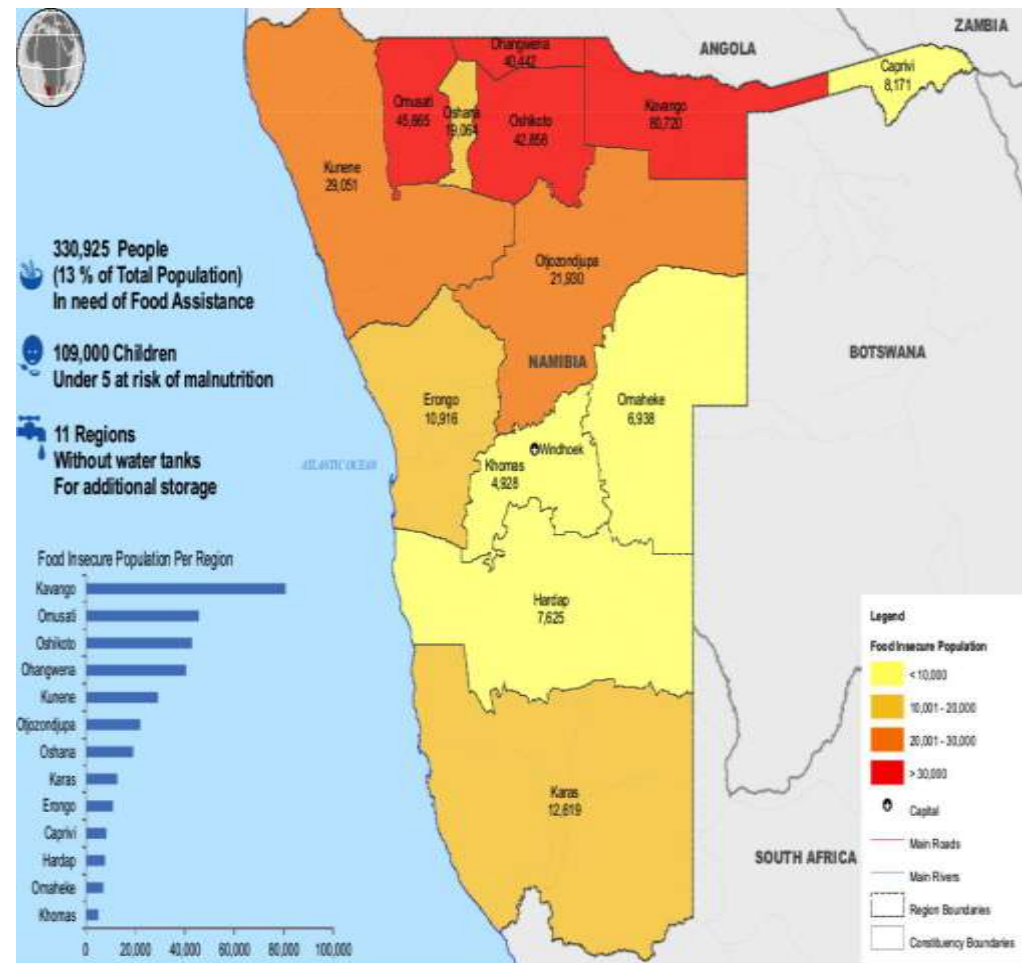
- Inappropriate infant and young child feeding practices, especially lack of exclusive breastfeeding
- Low rate of appropriate complementary feeding practices for children 6-23 months.
- Poor hygiene, sanitation and caring practices, leading to illnesses
- Poor nutritional and health status of mothers.

Malnutrition and Food insecurity levels by region



Source: MAWF national early warning on food security: September 2013

Namibia is classified as arid to semi arid with mean annual rainfall of less than 500mm. Rainfall have high degree of variation from year to year, including few years of exceptionally high and low rainfall. Cereal production has been fluctuating for the past seasons, mainly due to varying rainfall conditions experienced a season. Cereal produced include Maize, millet, sorghum and wheat. Maize is grown under both irrigation and rain-fed condition while millet and sorghum is grown under rainfall condition. Wheat on the other hand is grown under irrigation. Production for maize, millet and sorghum has been fluctuating greatly due to varying rainfall conditions experienced each season. Of late, Namibia have been affected by excessive rainfall (floods) which were experienced with the 2008/2009 season being the worse hit.



Source: UNOCHA website <http://www.unocha.org/top-stories/all-stories/namibia-hundreds-thousands-affected-drought>

II. Current strategy and policy framework for improving food security and nutrition

Specific strategies, policies and programs currently in place to improve nutrition

Strategy / Policy	Reference Period	Objectives and main components	Budget / Donor	Stakeholders	Key points	Integration of Nutrition
STRATEGIC FRAMEWORK						
Vision 2030	2004-2030	<p>Ensure a healthy, food-secured and breastfeeding nation, in which all preventable, infectious and parasitic diseases are under secure control, and in which people enjoy a high standard of living, with access to quality education, health and other vital services, in an atmosphere of sustainable population growth and development.</p> <p>Ensure the development of Namibia's 'natural capital' and its sustainable utilization, for the benefit of the country's social, economic and ecological well-being.</p> <p>Among the objectives listed, the following address food security and nutrition directly:</p> <ul style="list-style-type: none"> - Provide excellent, affordable health care for all - Create access to abundant, hygienic and healthy food, based on a policy of food security. 		Government Ministries, Agencies, Regional Councils, Private Sector, Civic Organizations and international partners		
National Development Plan 4	2012/013-2016/17	<p>The high level goals are; high and sustainable economic growth, employment creation and increase income equality.</p> <p>Basic enablers; institutional environment, Education and skills, health, reducing extreme poverty and public infrastructure</p>		Government Ministries, Agencies, Regional Councils, Private Sector, Civic Organizations and international partners	Changing gear towards vision 2030	
AGRICULTURE						
The Green Scheme Policy	2008 On going	This policy aims to create an enabling, commercially viable environment through effective public-private partnership, stimulate private investment in the irrigation sub-sector and settle small-scale commercial irrigation farmers		MAWF	Designed to maximize irrigation opportunities in the maize triangle (Grootfontein, Tsumeb and Otavi) as well as in the North Central and North Eastern regions using the Kunene, Kavango and Zambezi	

Strategy / Policy	Reference Period	Objectives and main components	Budget / Donor	Stakeholders	Key points	Integration of Nutrition
					rivers as well as the Orange in the South. Program encourages development of irrigation based agronomic production with a target of about 30 000 ha of potential irrigable land under irrigation over the next 10 years.	
Dry land Crop Production Program (DCPP)		Promote food security at household level through provision of improved seeds and fertilizers as well as ploughing and weeding services to communal farmers at a subsidized price.		MAWF	Zambezi, Kavango East, Kavango West, Ohangwena, Oshikoto, Oshana, Omusati, Northern part of Kunene, Otjozondjupa and Omaheke communal farmers	
National Strategic Food Reserve	2000 on going	Construction of grain storage facilities in order to secure food for national consumption, allowing producers to increase production and therefore increasing household incomes. Use as food reserve in case of food shortage or disasters as well as to stabilize food prices.		MAWF, AMTA & NAB	Silos located in Zambezi (Katima: 7400), Ohangwena (Okongo: 500) Oshikoto (Omuthiya: 500), Kavango East (Rundu:4000), Omusati (Tsandi: 3000) totalling 15 400 (MT).	
National Horticultural Development Initiative	2009 on-going	Promote the production and create a reliable marketing environment for fresh produce in Namibia and increase value addition through processing thereby improve food self-sufficiency and reduce imports.		MAWF, AMTA & NAB	Create Marketing Infrastructure for the horticultural produce.	
Kalimbeza rice project	2010 on-going	To promote the commercial establishment of rice production in order to make Namibia self-reliant in rice production.		MAWF & UNAM	Expand area under production to meet Namibian demand of 7 500 metric tons per year.	

FOOD SECURITY

National Food Security and Nutrition Action Plan	1995 on-going	The overall objective is to reduce vulnerability to food insecurity and malnutrition over the medium to long term.		MRLGHRD, Development Partners Private sector	The FSNAF is organized around eight themes or programmes. For each theme, major problems and current initiatives were identified by cross-sectoral, multidisciplinary working groups.	●
Food Security and Nutrition Action Plan	2006-2015 Ongoing	The overall objective is to reduce vulnerability to food insecurity and malnutrition over the medium to long term.		MRLGHRD, Development Partners Private sector	In the spirit of decentralization policy, in 2006 region specific action plans were developed in all thirteen regions.	●

Strategy / Policy	Reference Period	Objectives and main components	Budget / Donor	Stakeholders	Key points	Integration of Nutrition
Food and Nutrition Policy and Strategy		To improve the nutritional status of the population, taking into account the policy initiatives in other sectors, particularly in health, to improve the living standards of farmers and their families, as well as farm workers.				●
NUTRITION						
National Declaration on Food and Nutrition	1995	Declaration to eliminate hunger and to reduce all forms of malnutrition.		MAWF, MRLGHRD, MHSS, private sector		●
Strategic Plan for Nutrition	2011-2015	To improve the nutritional status of the Namibian population, with special emphasis on children, women and people living with HIV and TB, resulting in the reduction of morbidity and mortality due to or associated with malnutrition	UNICEF, WHO, WFP, GF, CDC, MHSS	MHSS Primary Health Care Directorate, UNAM, French Cooperation UNICEF	Nationwide Improve maternal, infant and young child nutrition	●
The Food and Nutrition Policy	1995	To provide the nation with the necessary framework and guidelines to actively address the problem of food insecurity and malnutrition over the medium to long-term.		MHSS, MAWF, MRLGHRD, UNAM & private sector	Key areas; improving household level resources; improving knowledge, attitudes and practices and improving social and support services.	●
Nutrition Assessment Counseling and Support For People living with HIV Operational Guidelines	2010	To provide nutrition assessment counseling and support services to children 6 months to 14 years, pregnant & postpartum women and HIV positive adolescents and adults.	N\$9 million UNICEF, WHO, WFP, GF, CDC, MHSS	MHSS Regions District Health facilities & workers NGOs, CBOs	Nationwide Management of malnutrition (severe, moderate, overweight, obesity, normal nutrition)	●
HEALTH & SOCIAL PROTECTION						
Growth Monitoring and Promotion Program	1992	Provide skills and knowledge regarding measuring weight and length and height of children, assess growth and counsel mothers about growth and feeding.	UNICEF, WHO MHSS	MHSS Regions District Health facilities & workers NGOs, CBOs	Nationwide Improve maternal, infant and young child nutrition	●
Vitamin A supplementation	1994	Address disorders associated with deficiencies in vitamin A, iodine and iron.	UNICEF, WHO MHSS	MHSS Regions District Health facilities & workers NGOs, CBOs	Nationwide Improve maternal, infant and young child nutrition	●

<i>Strategy / Policy</i>	<i>Reference Period</i>	<i>Objectives and main components</i>	<i>Budget / Donor</i>	<i>Stakeholders</i>	<i>Key points</i>	<i>Integration of Nutrition</i>
IYCF policy, IYCF guidelines	2003 2011	<p>To create an environment to promote, protect and support sound infant and young child feeding practices.</p> <p>Improve infant feeding practices Train health workers on child feeding To transform all healthcare facilities in Namibia to be Baby and Mother Friendly Implementation of household and community IMNCI. To provide education and information to every pregnant woman, regardless of HIV status and their partners or immediate companions.</p>	UNICEF, WHO MHSS	MHSS Regions District Health facilities & workers NGOs, CBOs	Nationwide Improve maternal, infant and young child nutrition	●

III. Country nutritional programs & initiatives currently implemented and/or planned

Main programmes and interventions being implemented to improve nutrition in the different sectors (health, agriculture, food security...)

Ministry of Health and Social Services

- Maternal, Infant and Young Child Nutrition
 - Growth Monitoring and Nutrition Promotion
 - Baby and Mother Friendly Initiative
 - Infant and Young Child Feeding
 - Code of Marketing of Breastmilk Substitutes
 - Maternal and Child Nutrition Promotion
 - Integrated Management of Acute Malnutrition
 - Nutrition Surveillance
- Micronutrient Deficiencies
 - Micronutrient Supplementation (iron, vitamin A, zinc)
 - Universal Salt Iodization
 - Food fortification
 - Promotion of dietary diversification
- Diet-related Diseases and Lifestyles
 - Promotion of healthy diets and physical activity
 - Dietary management of diet-related non-communicable diseases
 - Regulation of food safety, food standards and food labelling
- Nutritional Management of Communicable Diseases
 - Nutrition Assessment Counseling and Support
 - Promotion of appropriate nutrition for PLHIV & TB

Water and food safety, sanitation and hygiene

Consideration of nutritional goals into programs / activities related to agriculture and food

- International Code of Marketing on Breast Milk Substitute in the Environmental and Public Health Bill which was presented and accepted in the parliament.
- Existing Agronomic Projects should be expanded and new projects developed to ensure the full implementation of the Green Scheme Policy which is geared towards increasing food production and food self-reliance. The scheme has a long term plan of putting the 30 000 ha of potential irrigable land under irrigation over the next 10 years. Currently the area under irrigation is less than 10,000 hectares.

- Farmers need to diversify their production as well as their production systems and take advantage of value addition opportunities in order to mitigate the risk of production and the impact of climate change.
- Educate and sensitize the Namibian people concerning food and nutrition issues by creating awareness in all parts of the Government and community structures on the importance of nutrition issues and their cross-sectoral nature, and this will reduce individual and community dependence on Government and other central structures to solve their food and nutrition problems.
- Enhance community participation in solving their own food security and nutrition problems by decentralizing activities and decision making to respond to the high level of regional differentiation in Namibia
- Review of the National Food and Nutrition Policy and Action Plan to reaffirm the different sectoral responsibilities
- Annual agricultural survey needs to be conducted to provide evidence based data that will assist in the process of monitoring and evaluation of the Government projects and programs.

Main population groups targeted & localisation

Funding opportunities

Monitoring & Evaluation mechanisms

A poor or non-existence of Monitoring and Evaluation system has made it difficult to measure the progress and impact after the implementation of projects and programs geared towards food security in the country. For the past ten years, annual agricultural surveys have been lagging behind, creating a deficit of production data for the major cereal crops (pearl millet, white maize and sorghum). This has compromised the monitoring and evaluation concept of agricultural production trends and its contribution towards development goals.

Although there are policies and action plans in place little effort has gone to implementation. The establishment of NAFIN operating from the Ministry of Health and Social Services is expected to improve the coordination and resource allocation for nutrition in the country.

IV. Stakeholders, coordination mechanisms and national capacities for implementing food and nutrition security framework

Main national entities in charge of designing and implementing the food and nutrition policy framework

The “National Food Security and Nutrition Council” (FSNC) at the top level, a “Food Security and Nutrition Technical Committee” (FSNTC) to support the Council, and a “Food Security and Nutrition Secretariat” (FSNS) to support the Technical Committee and the Council.

The “National Food Security and Nutrition Council” comprises the Permanent Secretaries of seven relevant Ministries: Ministry of Health and Social Services (Chair), Ministry of Agriculture Water and Forestry, Ministry of Education, Ministry of Trade and Industry, the Ministry of Lands and Resettlement, Ministry of Regional and Local Government, Housing and Rural Development and National Planning Commission. This is the policy and decision-making body whose membership has the mandate to commit their Ministries to a particular course of action and it reports directly to Cabinet.

The “Food Security and Nutrition Technical Committee” is composed of representatives of all Ministries represented on the Council, as well as NGOs, and a provision exists for co-opting international agencies, the academic community and other institutions according to issues under discussion. The Committee is chaired by the Ministry of Agriculture Water and Forestry and is expected to meet on a regular monthly basis, and its role is to support the “National Food Security and Nutrition Council”

The Secretariat is composed of a number of full time staff including “Food Security and Nutrition Coordinator” and food security and nutrition officers, who are expected to deliver the following:

- Improve the quantity and quality of food consumed by the population with the aim of ensuring an adequate diet for all.
- Empower households to use the resources available to them in order to improve childcare
- Feeding practices and their environmental sanitation and provide adequate level of social and support services

These objectives are supposed to be achieved through strategies and programmes designed in accordance with other basic government principles. Currently most of these structures need to be reviewed.

Main management and technical capacities at the institutional level

Disaster prevention/management structures

Monitoring and Evaluation capacities

Main technical and financial partners

The partners who are technically and financially contributing to food security and nutrition are:

- Global Fund (equipment and staff),
- FAO: Provides technical assistance.
- UNICEF (supplies Combined Mineral Vitamin Mix, technical and equipment)
- WHO (Technical and financial support),
- CDC (procurement of food storage and transport),
- FANTA-2 (technical and financial),
- USAID (technical and financial).
- CHAI (RUTF)
- I-TECH,
- Synergos,
- The Red Cross Society of Namibia,
- WFP and

other private and civil society organizations

Main coordination mechanisms (Task force, core group, cluster...)

The Cabinet directed the Office of the Prime Minister to be the convener of the National Alliance for Improved Nutrition (NAFIN), MAWF to be the convener of the Food and Nutrition security task force, MOHSS to be the convener of the Maternal and Young Child Nutrition Task Force and the Food Fortification Task Force to be convened by the Private Sector Members of NAFIN. It has a membership from line ministries, National Planning Commission, United Nations Agencies, Non-Governmental Organizations, Private Sector and other bilateral and multilateral organizations. The Office of the Prime Minister has also a Directorate of Disaster and Risk Management (DDRM) that coordinates nutrition and food security interventions during emergencies. The following Public Sector agencies should also participate in NAFIN activities:

- Ministry of Education;
- Ministry of Gender and Child Welfare;
- Ministry of Regional and Local Government,
- Housing and Rural Development and National Planning Commission.

At the Ministry of Health and Social Services level the national Maternal, Newborn and Child Health Committee coordinates nutrition interventions in the country. The committee has membership from line ministries, UN agencies, Synergos, NAPPA, I-TECH, CDC, USAID, FANTA-2, University of Namibia, National Health Training Institution, Referral Hospitals and ministerial program staff.

Adherence to global / regional initiatives linked to nutrition (e.g. SUN, REACH, CAADP...)

- CAADP
- SUN

Main issues at stake to improve the mainstreaming and scaling-up of nutrition at the country level and regional / international level, taking into account sustainability

In order for the MOHSS to Scale Up Nutrition Action in the country, recruitment of additional staff and capacity development for programme staff at national, regional and district levels, strengthening of coordination mechanisms for nutrition including NAFIN and MNCH Committee, strengthening of public-private partnership for nutrition and getting amicable solution to storage and transportation facilities for nutrition commodities are needed.

In addition, technical and financial support from various partners including Unicef and WHO is required to scale up programs including BMFHI/IYCF/GMP/Micronutrient Deficiency prevention and control, NCD, Food Fortification and Nutrition Surveillance. The establishment/strengthening of effective monitoring and evaluation system and research are areas that need attention to improve tracking of nutrition situation in the country and make evidence based decision making.

At the Ministry of Agriculture, Water and Forestry, the existing Agronomic Projects should be expanded to full capacity and new projects developed to ensure the full implementation of the Green Scheme Policy which is geared towards increased food production and food self-reliance. The country has a long term plan of putting the 30 000 ha of potential irrigable land under irrigation over the next 10 years. Currently area under irrigation is below 10,000 hectares. Mainstreaming nutrition in these projects is essential. Research must also be intensified to produce seeds which could survive under the unpredictable rainfall pattern and awareness on the importance and application of fertilisers need to be beefed up.

Programmes for the expansion of water supply pipelines and drilling of boreholes should continue in order to ensure access to potable water by the majority of our people. Furthermore, it is important that the programme of earth dam's construction is expanded in order to harvest rainwater for use by animals. In order for these to be activities on improved food production to be achieved, financial, technical and resources support is required in

Definitions

Acute hunger	Acute hunger is when the lack of food is short term, and is often caused when shocks such as drought or war affect vulnerable populations.	Multi-stakeholder approaches	Working together, stakeholders can draw upon their comparative advantages, catalyze effective country-led actions and harmonize collective support for national efforts to reduce hunger and under-nutrition. Stakeholders come from national authorities, donor agencies, the UN system including the World Bank, civil society and NGOs, the private sector, and research institutions.
Chronic hunger	Chronic hunger is a constant or recurrent lack of food and results in underweight and stunted children, and high infant mortality. “Hidden hunger” is a lack of essential micronutrients in diets.	Nutritional Security	Achieved when secure access to an appropriately nutritious diet is coupled with a sanitary environment, adequate health services and care, to ensure a healthy and active life for all household members.
Direct nutrition interventions and nutrition-sensitive strategies	Pursuing multi-sectoral strategies that combine direct nutrition interventions and nutrition-sensitive strategies. Direct interventions include those which empower households (especially women) for nutritional security, improve year-round access to nutritious diets, and contribute to improved nutritional status of those most at risk (women, young children, disabled people, and those who are chronically ill).	Severe Acute Malnutrition (SAM)	A weight-for-height measurement of 70% or less below the median, or three standard deviations (3 SD) or more below the mean international reference values, the presence of bilateral pitting edema, or a mid-upper arm circumference of less than 115 mm in children 6-60 months old.
Food Diversification	Maximize the number of foods or food groups consumed by an individual, especially above and beyond starchy grains and cereals, considered to be staple foods typically found in the diet. The more diverse the diet, the greater the likelihood of consuming both macro and micronutrients in the diet. <i>Source : FAO</i>	Stunting (Chronic malnutrition)	Reflects shortness-for-age; an indicator of chronic malnutrition and it is calculated by comparing the height-for-age of a child with a reference population of well-nourished and healthy children.
Food security	When all people, at all times, have physical, social and economic access to sufficient, safe and nutritious food that meets their dietary needs and food preferences for an active and healthy life.	Underweight	Measured by comparing the weight-for-age of a child with a reference population of well-nourished and healthy children.
Hunger	Hunger is often used to refer in general terms to MDG1 and food insecurity. Hunger is the body’s way of signaling that it is running short of food and needs to eat something. Hunger can lead to malnutrition.	Wasting	Reflects a recent and severe process that has led to substantial weight loss, usually associated with starvation and/or disease. Wasting is calculated by comparing weight-for-height of a child with a reference population of well-nourished and healthy children. Often used to assess the severity of emergencies because it is strongly related to mortality. <i>Source : SUN Progress report 2011</i>
Iron deficiency anemia	A condition in which the blood lacks adequate healthy red blood cells that carry oxygen to the body’s tissues. Without iron, the body can’t produce enough hemoglobin, found in red blood cells, to carry oxygen. It has negative effects on work capacity and motor and mental development. In newborns and pregnant women it might cause low birth weight and preterm deliveries.		
Malnutrition	An abnormal physiological condition caused by inadequate, excessive, or imbalanced absorption of macronutrients (carbohydrates, protein, fats) water, and micronutrients.		
Millennium Development Goal 1 (MDG 1)	Eradicate extreme poverty and hunger, which has two associated indicators: 1) Prevalence of underweight among children under five years of age, which measures under-nutrition at an individual level; and, 2-Proportion of the population below a minimum level of dietary energy consumption, that measures hunger and food security, and it is measured only at a national level (not an individual level). <i>Source : SUN Progress report 2011</i>		

Acronyms

AUC	African Union Commission
BMI	Body Mass Index
CAADP	Comprehensive Africa Agriculture Development Program
CIP	Country Investment Plan
CFSAM	Crop and Food Security Assessment Mission
CFSVA	Comprehensive Food Security and Vulnerability Analysis
COMESA	Common Market for Eastern and Southern Africa
DHS	Demographic and Health Survey
ECCAS	Economic Community of Central African States
EFSA	Emergency Food Security Assessment
FAFS	Framework for African Food Security
FAO	Food and Agriculture Organization
FNS	Food and Nutrition Security
FSMS	Food Security Monitoring System
GAM	Global Acute Malnutrition
IFAD	International Fund for Agricultural Development
IFPRI	International Food Policy Research Institute
MDG	Millennium Development Goal
MICS	Multiple Indicator Cluster Survey
NAFSIP	National Agriculture and Food Security Investment Planning
NCHS	National Center for Health Statistics, Centers for Disease Control & Prevention
NEPAD	New Partnership for Africa's Development
NPCA	National Planning and Coordinating Agency
PRS	Poverty Reduction Strategy
REACH	Renewed Efforts Against Child Hunger
REC	Regional Economic Community
SADC	Southern African Development Community
SAM	Severe Acute Malnutrition
SUN	Scaling-Up Nutrition

UNDP	United Nations Development Program
UNICEF	United Nations International Children's Emergency Fund
USAID	United States Agency for International Development
WFP	World Food Program
WHO	World Health Organization

¹In 2006, reference norms for anthropometric measures have been modified: from NCHS references to WHO references. To compare data measured before and after 2006, we usually use NCHS references.