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URBAN FOOD SYSTEM  
GOVERNANCE AND  
FOOD SECURITY  
IN NAMIBIA

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## Abstract

Namibia's transition to an urban society is occurring extremely rapidly and with it has come a transformation of urban food systems, changes in diets and food consumption patterns, increased undernutrition and overnutrition, and the rapid growth of non-communicable diseases. This paper examines the policy response of the Namibian government to the nutrition transition and double burden of malnutrition with particular reference to urban centres and populations. The national government assumes responsibility for all food security and health-related programming, while local government's mandate is largely confined to non-food related management issues such as housing, transport and sanitation. The paper shows that food and nutrition security has been a recurrent focus of national government since independence and, in some cases, it has adopted a multi-sectoral whole-of-government approach. However, plans and programmes are heavily influenced by standard wisdoms and remedies favouring rural areas and very few focus either on urban food security or the food system drivers of food insecurity. At the local government level, the City of Windhoek has taken some initiatives including an informal food sector policy that is more tolerant than most (though more intolerant than food vendors like), joining the global Milan Urban Pact, and engaging with the Belo Horizonte model in Brazil. However, resource and other constraints, and the absence of a clear food strategy mandate, has meant that these promising initiatives have not yielded a great deal to date.

## Keywords

urban food system, food insecurity, non-communicable diseases, urbanization, nutrition transition

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## Introduction

The crisis of food insecurity accompanying rapid urbanization in African countries is well-documented (Battersby and Watson 2019, Crush and Battersby 2017, Crush et al 2012, Frayne et al 2014). At independence in 1990, Namibia had a total population of 1,409,915, of whom 28% lived in urban areas (Republic of Namibia 2015a). Between 2001 and 2011, the urban population grew by 49.7% compared to only 1.4% by the rural population (Figure 1). By 2011, 43% of the country's 2,113,077 people were living in urban areas. Government projects that Namibia would be 60% urbanized in 2020 and 75% urbanized by 2030 (Republic of Namibia, 2004). The population of the capital Windhoek increased by 4.2% per annum between 1991 and 2011 (from 141,562 to 322,200). NSA (2014) puts the estimated population of Khomas region (in which Windhoek is located) at 645,355 by 2030. Smaller centres have also been growing rapidly. Oshakati (the major town in northern Namibia), for example, grew at 7% per annum over the same time period (from 9,303 to 35,600). Provision of housing has not kept pace with rapid in-migration and informal settlements have grown considerably on the periphery of most urban centres (Weber and Mendelsohn 2017). In Windhoek, one-third of households were living in tin shacks in informal settlements in the north of the city at the time of the 2011 Census. Oshakati's informal settlements contained over 11,000 tin shack and brick structures in 2016, with over 450 new structures added each year (Weber and Mendelsohn 2016: 66). In 2018, an estimated 40% of Namibia's 2.4 million population were living in shacks (Karuaihe 2019).

Household surveys have found that along with high levels of generalized lack of food access, many households also have low levels of dietary diversity, heavy dependence on starchy staples, sugars and foods made from oils, and inadequate consumption of healthier foodstuffs such as fruits and vegetables (Crush et al 2019, Endjala and Botes 2020, Nickanor 2013, Nickanor et al 2019a, Pendleton et al 2012). This is consistent with national trends which

show "a remarkably low rate of F & V consumption among both men and women" (Yaya and Bishwajit 2018). AFSUN's 2008 survey of Windhoek's low-income neighbourhoods reported that only 18% of households were food secure on the HFIAP scale, while 63% were severely food insecure. In the city's informal settlements, the situation was even more dire with only 8% of households food secure and 76% severely food insecure (Pendleton et al 2012). Households in the lowest two income quintiles were spending around 55% of their income on food. There were also marked differences between formal and informal settlements in Windhoek in terms of dietary diversity. The Household Dietary Diversity Scale (HDDS), which measures the food quality and diversity dimensions of food security, generated an overall HDDS score of 5.95 (out of 12) and a score of only 4.59 among food insecure households in informal settlements. HCP's follow-up survey in 2017 sampled households across the whole city and found that overall levels of food security in low-income areas had not improved since 2008 (with only 8% of households in informal settlements being food secure) (Crush et al 2017). Dietary diversity declined over the same period with mean HDDS scores of 3.21 (all households), 2.66 (households in informal settlements) and only 2.56 (food insecure households in informal settlements). Most recently, a 2018 FUEL-AFSUN survey of Oshakati found that 77% of households were food insecure with a mean HDDS of 4.8 (better than in Windhoek but still nutritionally poor) (Nickanor et al 2019a).

The transformation of food systems and growing food insecurity have major implications for the health of urban residents across the Global South (Branca et al 2019, Popkin 2017). The double burden of undernutrition and overnutrition is felt particularly sharply in lower-income urban areas and among and within low-income households. Rates of overweight and obesity are on the rise in all age groups and so too are various non-communicable diseases (NCDs). Namibia's NCD relative disease burden is similar to that of more urbanized Southern African countries, such as Botswana and South Africa (Ellapen et al 2021). The Global Burden of Disease Study for Namibia

notes that “non-communicable diseases as causes of premature mortality, disability, and total health loss (DALYs) rose in importance over the period 2000 to 2013” (IHME 2016). Significant increases were observed for stroke, ischemic heart disease, depressive disorders, COPD, and diabetes. The most common NCDs in Namibia include communicable, maternal and nutritional conditions (47% of all NCD mortality in 2012); cardio-vascular disease (CVDs) including hypertension, stroke, congestive cardiac failure (CCF) and other cardio myopathies (21%); diabetes mellitus (DM) (5%); cancer (4%); chronic respiratory diseases such as asthma and chronic obstructive pulmonary disease (COPD) (4%). In terms of CVDs, 44% of women (51% urban, 38% rural) and 45% of men (51% urban, 38% rural) aged 35–64 years are hypertensive (IHME, 2016). Nationally-representative data from the 2013 Namibia

Demographic and Health Survey showed that 6% of women and 7% of men have diabetes mellitus and that 7% of women and 6% of men are pre-diabetic (MoHSS 2015). Rates of diabetes and hypertension are higher in urban than rural areas, increase with age in both men and women, and are higher among wealthier groups (Indongo and Kazembe 2018). Spatial mapping of the national distribution of diabetes and hypertension in Namibia shows that the Khomas District and Windhoek health district had the highest counts (Harris, 2017). At the constituency level, Khomasdal North in Windhoek was worst off. Khomas has the highest proportion of hypertensive adults nationally (at 57%). Older age, urban residence, and being either overweight or obese are all positively associated with increased odds of hypertension (Craig et al 2018). For women, the odds of hypertension were also significantly increased for those who were diabetic and reduced for those with higher levels of education. A 2009 survey of hypertension and CVD risk factors among 2,000 randomly-selected Windhoek residents in 2009 found a “remarkably high” age-adjusted prevalence of 38%, increasing from 8.2% for those aged 18–24 to 33.6% (ages 35–44) to 66.3% (ages 55 and over) (Hendriks et al 2012). While 35% were being treated, as many as 62% were unaware of their condition. A 2009–2010 survey of

11,192 employees in 13 industries (including nearly 60% in food-related industries such as agriculture, food processing and retail) found that 25.8% had elevated blood pressure, and 8.3% had an elevated random blood glucose measurement (Guariguarta et al 2015). Most participants could not correctly identify risk factors for hypertension (57.2%) or diabetes (57.3%). NCD risk factors were also associated with increased rates of short-term absenteeism of formal sector employees (Guariguarta et al 2012).

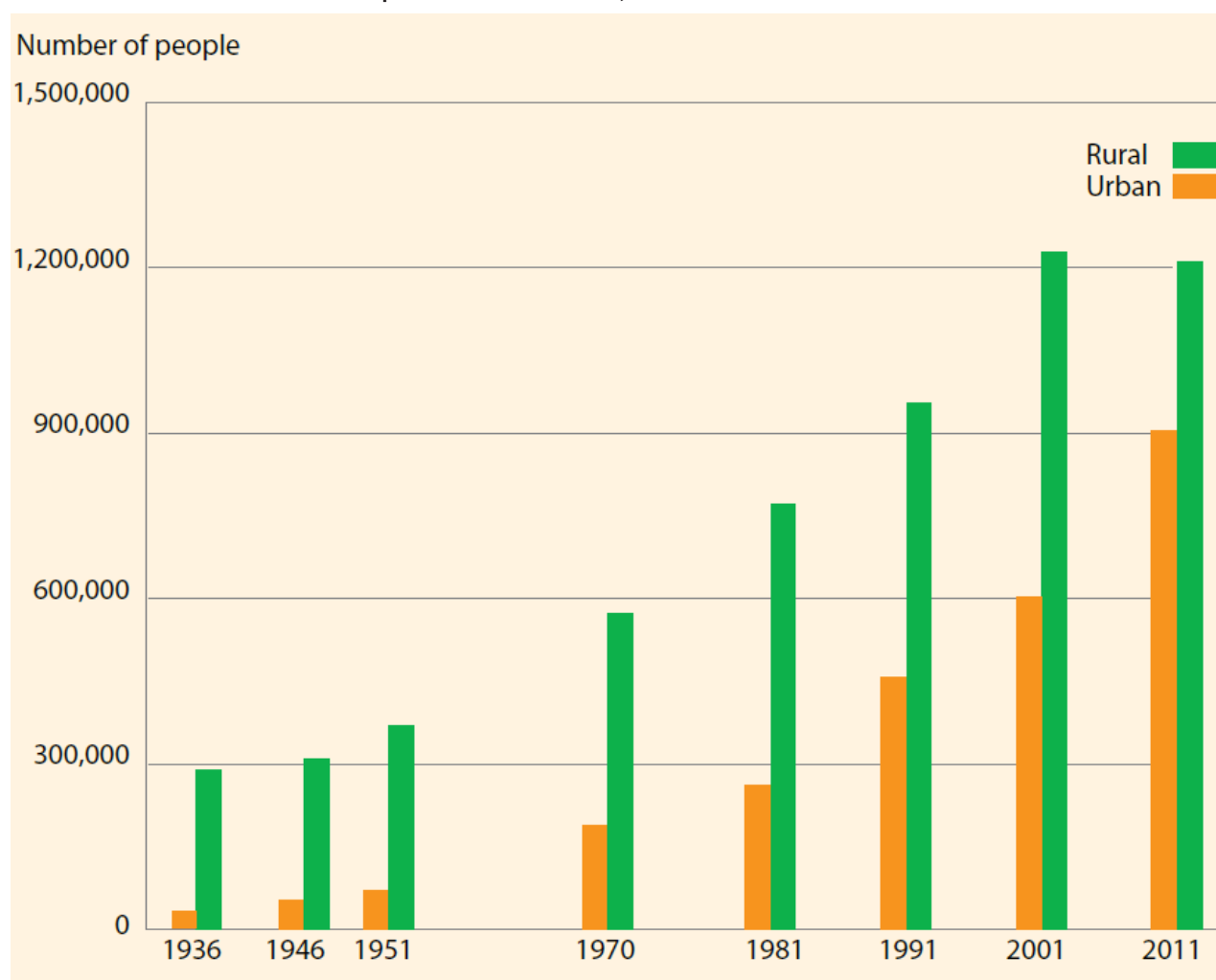
A 2013–2015 survey of the health and wellness of the Windhoek workforce employed by 53 companies found self-reported rates of only 4% for high blood pressure, 1.4% for diabetes and 0.5% for heart disease (German et al 2016: 24). However, self-reported prevalence for diabetes among the 6,129 respondents increased consistently with age from 1.5% of those aged 35–44 to 12.1% of those aged 55 and over. Similarly, high blood pressure in these two age groups of employees increased from 5% to 25%. Overall, women were more likely to report high blood pressure than men (5.4% versus 3.4%). Twelve percent of employees had unhealthy blood sugar levels, with 33% of those aged 45 and older having this condition. Eighteen percent had unhealthy levels of cholesterol, rising to 29% of those aged 45–54. Some 19% of employees had an unhealthy systolic blood pressure value and 17% had an unhealthy diastolic blood pressure (47% and 29% for those 55 and over). In terms of BMI, 38% of employees were overweight or obese. Another recent study of risk factors in Windhoek found that hypertension was independently associated with persons who are older in age (>40 years old), female and married or cohabitating (Kaputjaza 2017). It was also associated with lower levels of education and average monthly household income less than or equal to NAD5,000. Hypertension was also independently associated with sedentary behaviour, overweight and obesity.

The links between growing food (in)security, changing consumption and nutrition patterns, and the rise of nutrition-related health problems have yet to be systematically explored in Namibia (Kazembe et al 2020). Nor has the effectiveness of

the policy response of national and local government to this threefold challenge been given much attention. This paper therefore examines the policy framework and interventions designed to address each challenge individually and combined. Ultimately the objective is to shed light on the nature of the government response to growing urban food insecurity and changing dietary patterns. A second objective of this paper is to adopt a multi-scalar approach to the study of food system governance. In Namibia, the national government and its line ministries are all based in the capital, Windhoek, and national government plays a central role in governance responses to the threefold challenge. Several questions arise: to what extent is there inter-ministerial and multi-sectoral cooperation in policy

planning and implementation or are the challenges siloed within particular ministries as they tend to be in many other African countries? And second, how are national plans and strategies implemented, and with what impacts, at the regional and municipal scales? A third objective of the paper is to examine municipal level governance, to see whether local government has strategies, policies or programmes to address food insecurity, poor nutrition and NCDs. Finally, this paper examines the extent to which national and local governance responses are structured by an understanding of the changing urban food system as opposed to the more conventional focus on changing individual food consumption and lifestyle behaviour?

FIGURE 1: Rural and Urban Population of Namibia, 1936-2011



Source: Weber and Mendelsohn (2017: 15)



# National Governance of Food Security

## Namibia's Food and Nutrition Decades

Widespread poverty, food insecurity and ill health in Namibia were a major legacy of decades of white South African apartheid (mis)rule (Pendleton 1993, Wallace 2002, 2011). Namibia's first post-independence government prioritized plans to address this damning inheritance (Iyambo 1992). In 1992, for example, President Sam Nujoma declared a 'Namibian Food and Nutrition Decade' (1993–2002) and constituted a multi-stakeholder National Food and Nutrition Council. A second Food and Nutrition decade followed in 2002 (2003–2012). The Council led an effort to formulate a national food and nutrition policy by convening a series of multi-stakeholder workshops to identify major policy issues related to food and nutrition. This process culminated in the 1995 Food and Nutrition Policy for Namibia (Republic of Namibia 1995).

The Policy was notable for two main reasons: first, it saw food and nutrition security as a multi-sectoral policy challenge involving several government departments, a vision that persists to the present. This meant that food security was not siloed in a Department or Ministry of Agriculture, as it has been in many other African countries including neighbouring South Africa (Drimie and Ruysenaar 2010). Second, although the emphasis was very much on reducing hunger and malnutrition, the Policy pledged within a decade to ensure that all Namibians had "reliable access to a healthy diet" and to reduce substantially diet-related communicable and non-communicable diseases even though, as the Policy noted, "nutrition activities are constrained by the sparsity of information on food habits, child feeding practices, food consumption levels and the precise links between food intake and the incidence of disease in different areas of the country."

The first Namibian Food and Nutrition Guidelines were published in 2000, developed collaboratively by the Ministry of Health and Social Services

(MoHSS), FAO, WHO, UNICEF, Ministry of Agriculture, Water and Rural Development, Ministry of Basic Education and Culture and the University of Namibia (Republic of Namibia 2000). The Guidelines noted that "many Namibians suffer from nutritional disorders that are due to an inadequate food intake, both in terms of quality and quantity. These nutrition problems are related to diets, which are monotonous, deficient in food energy and contain few foods that are rich in vitamins and minerals. On the other hand, there is a considerably large group of Namibians which, because of an excessive and imbalanced food intake, suffers from obesity and related chronic diseases, such as diabetes, hypertension and coronary heart disease." Poverty was partly to blame, it suggested, but so were "cultural practices, eating habits, sanitation and hygienic practices result in the neglect of the most vulnerable members of a family." The proposed solution was nutrition education promoting "a healthy lifestyle and a healthful diet." This diagnosis, and set of remedies, were heavily influenced by the WHO and FAO advisory members of the country's Food and Nutrition Council, in effect depoliticizing nutritional deficiencies, apportioning blame for poor dietary habits onto the people themselves, and suggesting that mitigation could be achieved through education and lifestyle changes, all ideas that persist to the present.

The growing challenge of communicable diseases such as HIV/AIDS and TB meant that the 1995 Policy's commitment to "substantially reduce" NCDs was inevitably sidelined in health governance for much of the 1990s and 2000s (Chipare et al 2020). In 2010, in a sign of renewed commitment to addressing a situation that had deteriorated appreciably since independence, the Namibian Cabinet established the National Alliance for Improved Nutrition (NAFIN), a multi-sectoral and multi-stakeholder platform aimed at enhancing the nutrition status of Namibians. NAFIN's goal was to coordinate the activities of government, private sector, NGOs, UN agencies and academia in the field of nutrition and was headed by Prime Minister Nahas Angula with Synergos (an American NGO with a local office), as the Secretariat. NAFIN

released a report on malnutrition in Namibia and joined the global Scaling Up Nutrition (SUN) movement in 2011 (NAFIN 2010, SUN, 2012). It later conducted a standardized Nutrition Landscape Analysis to assess the country's readiness and capacity to 'scale up' nutrition (Republic of Namibia 2012a, SUN 2012). By 2017, however, NAFIN was largely dormant and the NSPN, like similar initiatives across Africa, had made halting progress (Boudreaux et al 2020, Nyaaba et al 2017, Tesema et al 2020). The main achievement was reinforced recognition that food security and nutrition challenges at the national level demanded not only a whole-of-government approach but engagement with and participation of non-governmental actors.

### Food and Nutrition Security Monitoring

The need for a whole-of-government approach to food insecurity was also evident in the work of the Namibian Food & Nutrition Security Monitoring System (NFNMS) which was established in 2013 under the aegis of the broader SADC Regional Vulnerability Assessment and Analysis Programme (Republic of Namibia 2015b, SADC 2017). The Namibia Vulnerability Assessment Committee (NamVAC) sits in the Directorate of Disaster Risk Management (DDSM) in the Prime Minister's Office with representation from the Ministries of Health and Social Services; Regional and Local Government, and Housing and Rural Development; Gender Equality and Child Welfare; Agriculture, Water and Forestry; Defence; and Environment and Tourism, as well as the National Planning Commission; the University of Namibia; UNDP, WFP, FAO, UNICEF and the Namibia Red Cross Society. The NamVAC releases statistical bulletins with regularly updated information on: (a) food availability (including agricultural production, market supplies, and changing staple food prices); (b) food access (including market commodity and livestock prices, food and income sources, food consumption patterns and coping strategies); and (c) food utilization (including malnutrition cases, disease outbreaks, and water and sanitation) (see

DDSM 2016). The bulletins provide data on sources of cereals (whether purchased or produced), food consumption scores (using the Food Consumption Score or FCS), coping strategies (using the Coping Strategy Index or CSI), nutrition (child nutrition and breastfeeding), sources of income, assets, patterns, and an overall measure of district-level food insecurity severity using the WFP's CARI methodology and classification (WFP 2015).

Although the NamVAC bulletins included household-level data from a regular survey of around 300 households, all of the randomly selected households are in rural districts throughout the country. While data is collected in Oshana Region (where Oshakati is located), Khomas Region (the location of Windhoek) has been omitted from the survey. The NamVAC approach, heavily influenced by the WFP, also did not disaggregate beyond the district level or provide any data on urban populations. Further, the survey did not collect household data on NCDs or relate the findings to district-level data on NCD prevalence. Thus, while NamVAC conceptualized food security as more than an issue of food availability, its focus on rural food security means that it has not generated useful information about food insecurity or NCDs at the city-scale. However, the NamVAC reportedly did collect data on urban areas in Namibia for the first time in 2019.

### National Development and Food Security Planning

Namibia's *5th National Development Plan (NDP5)* (2017/18–2021/22) (like its predecessors) frames food insecurity as a predominantly rural and agricultural production issue, proposing various strategies to increase the output of cereals, horticulture and livestock; developing agro-processing industries by utilizing local produce and regional value chains; increasing communal smallholder farmers' productivity; enhancing animal health and production; and promoting drought-resistant crops (Republic of Namibia 2017a). The NDP5 section on Health and Nutrition Strategies and Desired Outcomes, 2017–2022, however, proposes

strategies including “developing a multi-sectoral approach for control and prevention of NCDs” and “scaling up high impact nutrition specific and sensitive interventions (and) strengthening the enabling environment for effective action, coordination, integration and implementation of food and nutrition programmes.” Thus, NDP5 treats food security in the conventional manner, while nutrition and non-communicable diseases are viewed as a cross-cutting sectoral issue to be addressed by a separate multi-sectoral initiative. As a result, NDP5 has little to say about urban food security per se or about strategies and targets for the reduction of NCDs.

The idea that food insecurity is primarily a rural and production challenge in Namibia is reinforced in the 2015 Namibia Agriculture Policy from the Ministry of Agriculture, Water and Land Reform which promises a new nutrition-sensitive approach, citing the FAO’s standard definition of food security and having as one of its stated aims “to improve national and household food security and nutrition” (Republic of Namibia 2015c: 5). The Policy commits government to several nutrition-related activities including (1) promoting public understanding of good nutrition in order to improve the health and well-being of Namibians, and reduce the preventable burden of diet-related illness, disability and death; (2) promoting dietary guidance that links scientific research to the nutrition needs of Namibian consumers; (3) monitoring the food and nutrition situation in the Republic of Namibia; and (4) facilitating the cooperation and coordination among all agencies responsible for food nutrition in Namibia, in order to guarantee that all food produced, processed and distributed in Namibia is “of good nutrition.” (Republic of Namibia 2015c: 13).

None of the proposed strategies address urban priorities, emphasizing instead the need for sustainable agricultural production, agro-processing, agricultural marketing and trade, agricultural research and capacity-building, agro-financing, and agricultural extension services. This rural and agriculture-centred response to food and nutrition insecurity

has been echoed and reinforced by international agencies such as the FAO (Koroma and You 2016). The only overt attention to urban food security by the Ministry was a short-lived project by the Ministry (with Belgian funding) in 2005–2007 “to promote small-scale, intensive agriculture in urban areas, adapted not only to local environment conditions, but also to the needs of producers and consumers for improved food security, nutrition and income generation” (Fosso 2014). The National Urban and Peri-Urban Horticulture Initiative developed experimental hydroponic cultivation at two pilot sites (one in Windhoek and another in Rundu). According to Fosso (2014), activities such as micro-gardens, vermi-compost production, drum-and-drip irrigation, mushroom and fruit tree production, integrated fish farming, and good agricultural practices were undertaken at these pilot sites.

A related central government initiative designed to give effect to components of NDP5 is the Harambee Prosperity Plan (HPP) from the Office of the President following extensive Town Hall consultations in all of Namibia’s 14 districts (Republic of Namibia 2016a). The Harambee Plan focuses on strategies for effective governance, economic advancement, social progression, infrastructure development, and international relations and cooperation. One of the proposed action areas under the social progression pillar is what the HPP calls “hunger poverty” and promises that “over the Harambee period and beyond there should be zero deaths in Namibia due to a lack of food. As a so-called upper middle-income country no one in Namibia should die because of lack of food.” The focus on eliminating hunger means that other aspects of food insecurity – including overnutrition – are not addressed in the HPP. Similarly, HPP health targets are focused on reducing poverty-related maternal and infant mortality rather than NCDs which are not mentioned. However, the HPP does propose a national Food Bank strategy as one component of hunger poverty elimination. In 2016, government launched the National food Bank Programme aimed at alleviating hunger and addressing the nutritional needs of the poorest urban families (see below).



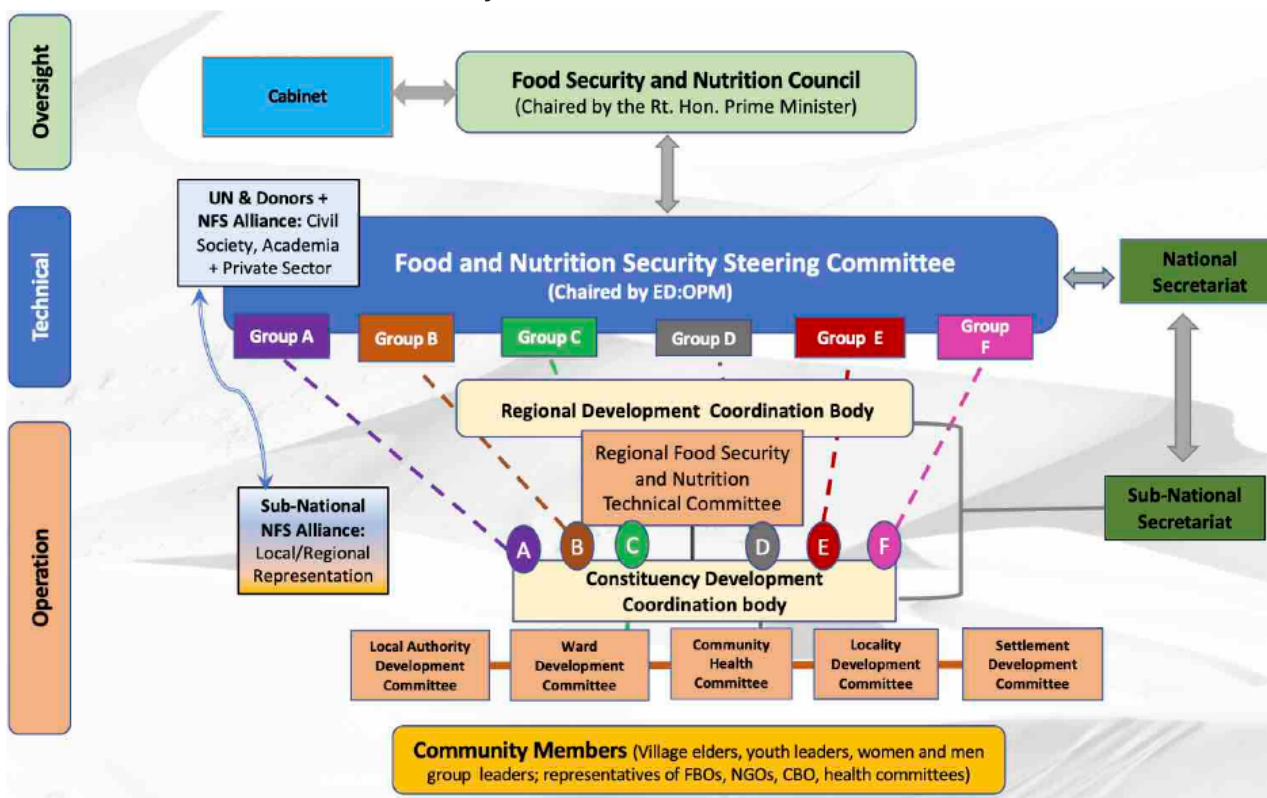
Consistent with NDP5 and HPP, the Prime Minister's Office conducted a Zero Hunger Strategic Review modelled on the goal and targets of SDG 2 (Zero Hunger) in 2017 (Republic of Namibia 2017b). The Review was designed to “provide an insight in the food and nutrition security landscape and outline priority areas for action by all stakeholders including government, development partners, the private sector and civil society.” The Review contains an uneasy tension between the food security framing of SDG2 with its focus on the elimination of hunger, malnutrition and support for smallholder production, and the drafters' vision of a more comprehensive and holistic approach to food security. Thus, it says a great deal about reducing hunger but little on the challenge of overnutrition and NCDs. On the other hand, citing work by AFSUN, the Review recognizes that urban food insecurity is a serious challenge. The Review makes various programmatic calls for a new comprehensive Food and Nutrition Security Policy. For example, the Review states that “the establishment of an effective food security and nutrition governance system requires a systematic approach to the collection and assessment of data to understand the way in which the food system is changing and affecting the lives of the residents of Namibia, particularly the poor.” Or again:

*Effectively tackling the breadth of food security and nutrition challenges that exist at local and national levels requires that Namibia adopt whole food value chain approach to food security. Such an approach, from “seed to fork”, includes sustainable production in the fields, linking smallholders with markets and retail centres, consumption and building the overall resilience of the food system – with emphasis on improving inclusiveness, efficiency, sustainability, nutrition, and food safety.*

And finally, “a genuine, coordinated attempt to align policy to effectively address food security and nutrition demands deliberate and methodical action across different domains of policy. Such action would involve systematically addressing the immediate and underlying determinants of food security and nutrition, the health environment, care practices, diet, and health status.”

In response to the Zero Hunger Review, government set in motion a process (still in progress) to establish a new Food and Nutrition Security Council (FNCS) in the Office of the Prime Minister and to develop a Food and Nutrition Security Policy to 2028 and Implementation Action Plan to 2023. A proposed multi-scalar governance structure for food security in Namibia is shown in Figure 1. In addition to the FNCS, and as part of its mandate to engage the non-governmental sector, government encouraged the reconstitution of the moribund NAFSIN as the NAFSAN (Nutrition and Food Security Alliance of Namibia) established in late 2019. NAFSAN is seen as a national platform that brings together civil society, academia, private sector and others to promote food and nutrition security, to support the implementation of the national Food and Nutrition Policy and to represent non-governmental, private sector and civil society stakeholders on the FNCS (NAFSAN 2019). NAFSAN's vision statement is that “all persons in Namibia have the resources, knowledge and motivation to ensure food security and optimal nutritional status for themselves, and all children in Namibia are sufficiently well-nourished” (NAFSAN 2020). NAFSAN's Constitution was finalized in March 2020, with a commitment to ensure “food security and optimal nutritional status” for all Namibians.

FIGURE 2: Food and Nutrition Security Coordination



Source: NAFSAN

## Food Security and Social Protection

### Social Protection Blue Print

Government social protection programmes are commonly viewed as a major policy tool for addressing food insecurity and NCDs, especially in urban areas where residents purchase most of their food (Burchi et al 2018, Devereux 2016). As Hidrobo et al (2018) note, “social protection programs improve both the quantity and quality of food consumed by beneficiaries. The magnitudes of these effect sizes are meaningful.” An ILO (2014) review of Namibia’s social protection policies argued that compared to the rest of Sub-Saharan Africa, Namibia “has a comprehensive social protection system (both in terms of risks covered and types of schemes) that plays a critical role in its economy and society” (see also Chiripanhura and Niño-Zaraza 2013, Dempers, 2016). Schade et al (2019) trace the evolution of social protection provisions and expenditures in

Namibia and note that by 2015/16, spending on various social protection programmes had reached 13% of GDP. At the same time, “social protection is currently not making sufficient progress in eliminating persistent and deep-rooted poverty (especially among children), inequality and unemployment” (Schade et al 2019: 5). However, there have been few studies to date looking specifically at the relationships between social protection and food security (Yu et al 2011).

Current national social protection policy is guided by the Harambee Prosperity Plan and the new Ministry of Poverty Eradication and Social Welfare (MPESW)’s Blue Print on Wealth Redistribution and Poverty Eradication (2016–2025) (Republic of Namibia 2016b). The stated objectives of the Blue Print include: (a) protecting and helping the poor, vulnerable people, deprived communities and the unemployed by investing in programmes, sectors and communities where opportunity and equitable inclusion is a reality for all; (b) improving and sustaining the food and nutrition status of children

and the poor and vulnerable; (c) enhancing the provision of social safety nets; (d) enhancing access to basic social services; (e) achieving sustainable employment creation through skills development and appropriate employment creation strategies; (f) supporting gender equality and women's empowerment; and (g) laying the foundation for a stronger, more sustainable economy that distributes benefits more fairly and equitably to all Namibians.

The Blue Print makes a compelling case that the Namibian food security challenge is not primarily one of food availability, although its explanation for the situation does not reference the food system (bar noting import dependence and vulnerability to food price hikes). The Blue Print also references the need to mitigate the negative impacts of over-nutrition:

*Food insecurity in Namibia is less a problem of availability and more a question of access and utilization. Although being a structurally food deficit country, Namibia is still able to ensure availability of food at national level through imports and local production. High dependence on food imports therefore makes the country susceptible to high food prices, a situation that further compromises the ability of poor and most vulnerable households to access adequate food that is available in the country. In 2013, about 778,500 people (representing 35% of the total population) were found to be food insecure and required government social assistance. The existence of food and nutrition insecurity in*

*Namibia is due, in part, to poverty compounded by unequal incomes, recurrent natural hazards where cyclical drought and floods severely affect people's livelihoods, poor access to sanitation and adequate safe water to mention but a few. Low income earners struggle to meet their minimum daily requirements for food intake accessing poor quality foods with low micronutrient quality. This implies that poverty is major factor limiting access to food among this group. At the other end of the spectrum, high-income earners have problems of over-consumption and as a result, obesity affects % of the population in Namibia, a situation that needs to be addressed to mitigate the negative effects of obesity associated health conditions. Addressing hunger poverty through food safety nets is a necessary first step to eradicate poverty and ensure food security in the longer term such as increasing production and accessibility to food (Republic of Namibia 2016b: 31-32).*

The Blue Print notes that although Namibia has a comprehensive social safety net system, it does not have a national social protection policy and implementation framework, leading to a lack of coherence and high level of fragmentation in policy and programme implementation (Republic of Namibia 2016b: 41). Table 1 shows that responsibility for social protection programmes is currently spread across several different ministries. The Blue Print advocates the development of a Social Protection Policy with an implementation plan and monitoring and evaluation framework. Despite longstanding

**TABLE 1: Social Protection Programmes in Namibia**

Ministry	Programme
Poverty Eradication and Social Welfare	Old Age Grant, Disability Grant, Funeral Benefit, Food Bank
Gender Equality and Child Welfare	Foster Care Grant, Maintenance Grant, Special Maintenance Grant, Vulnerable Child Grant, Allowance for War Orphans
Veteran Affairs	Veterans' Subvention Grant, Veterans Once-Off Gratuity, Veterans Projects, War Veterans Houses, War Veterans Farms
Education, Arts and Culture	School Feeding
Urban and Rural Development	Social Housing Projects
Prime Minister's Office	Drought Relief
Social Security Commission	Occupational Injuries, Employees Compensation Fund, Sick Leave Benefit, Maternity Leave Benefit, Death Benefit
Finance	Public Service Employee Medical Aid
Government Institution Pension Fund	Public Pension Fund

advocacy by international organizations and Namibian civil society for a basic income grant and universal child grant, neither was initially proposed (Chinyoka 2019, Dempers 2016, Haarmann et al 2019, Jauch, 2015, UNICEF 2016). This changed in the Draft Policy.

The EU Social Protection Systems (EU-SPS) Initiative, UNICEF and GIZ assisted the MPESW in drafting a new whole-of-government Social Protection Policy for Namibia which has 10 priority objectives including (a) universal maternity grant and health coverage; (b) universal child and disability grant; (c) employment creation and empowered women and youth; (d) sustainable old age and disability income security; (e) improved food and nutrition security; (f) inclusion of marginalized people; (g) affordable housing; and (h) enhanced coordination of social protection. The Draft Policy was published in 2019 and is out for public consultation. Thereafter, the policy will be finalized and presented to Cabinet for approval (Republic of Namibia, 2018).

The Draft Policy proposes the introduction of a universal non-means tested child grant and a targeted basic income grant for unemployed people between the ages of 39–54 rather than a basic income grant for all (Jauch, 2019). In addition:

*In order to reduce food poverty and enhance nutrition of children and adults at risk of hunger the Food Bank and disaster assistance will be sustained. Food Bank and disaster relief will include food and supplements specifically for people living with HIV, pregnant women and infants who are identified in beneficiary households. Good nutrition in the first 1,000 days (2 years) of the life of infants contributes to reduced mortality, better nutrition and improved cognitive development (Republic of Namibia, 2018: 36).*

The Draft Policy also references the need for an enhanced and expanded food banking and school feeding programming. This raises the issue of the current state of these programmes.

## Namibian School Feeding Programme (NSFP)

The Namibian School Feeding Programme (NSFP) was first introduced in 1991 and had 64,000 beneficiaries by 2006/7. This increased to 366,000 by 2017/18. The programme provides lunch to over 1,400 pre-primary and primary schools in high-poverty areas in the form of a fortified maize blend comprising 63% maize meal, 25% protein (soya) blend, 10.8% sugar and 1.2% salt. Evaluations of the impact of the NSFP were conducted in 2012 (Dumisani 2012, Republic of Namibia 2012b) and the Namibia NSFP (2012–2017) is currently under evaluation. In 2019, the Ministry of Education, Arts and Culture released a new Namibian School Feeding Policy and Implementation Action Plan (2019–2024) which aims, among other things, to have 80% of schools with a school garden at the end of the period and to incorporate fresh produce into the diet (to be supplied by smallholder farmers) (Republic of Namibia 2019). In 2012, the NSFP operated in 66 Khomas Region (which includes Windhoek) schools (86% of the total) and 133 Oshana Region (which includes Oshakati) schools (74% of the total) (Republic of Namibia 2012b: 28).

## National Food Bank Programme

As part of the Harambee Prosperity Plan to accelerate implementation of NDP5, the Ministry of Poverty Eradication and Social Welfare embarked on a Food Bank Programme which targeted needy and vulnerable communities through the distribution of food rations as a way of cushioning them against hunger (Schade et al 2019). The programme was launched in June 2016 and food parcels distribution was piloted in 7 constituencies in Windhoek, and extended to Okahandja, Otjiwarongo and Luderitz by 2018. The initiative targeted people earning less than NAD400 per month in 7 constituencies, reaching 94,000 people in 22,000 households (Ndamanomhata 2019). Monthly food parcels are distributed consisting of 10kg of maize meal, 1,600g of tinned fish, 1,200g of corned meat, 750ml of vegetable oil, 100g of pulses, yeast, 2.5kg



of bread flour, and 2kg of brown sugar, plus laundry soap. It is expected that there might be differences in the monthly parcels per region due to donations made. The food bank programme also provides income opportunities for unemployed youths who serve on Street Committees. The youth participate in the identification and registration of beneficiaries and organize the distribution of food. By the end of 2019, the programme had expanded to all 14 regions of the country.

The Draft Social Protection Policy envisages further consolidation and expansion of food banking and the quality of meals given to schoolchildren:

*Food Bank needs to be expanded to more urban and peri-urban areas as population in these areas is growing rapidly and unemployment remains high... young people at risk of hunger will have opportunities to work and get food while improving their skills in food-for-work schemes implemented as part of the Food Bank. School feeding, disaster relief and Food Bank assistance will use Namibian produce to the extent possible to add value, improve nutrition and increase incomes of local producers. Namibian produce should be given priority in food assistance procurement. Smallholder producers should be supported to improve the quality of their produce, reduce post-harvest losses and invest in technology and productivity enhancement. The school feeding menu will include more fruits, vegetables and proteins to make it more attractive and nutritious for children*

## Food Security and Health Governance

The previous section of this paper showed that since independence in 1990, undernutrition and overnutrition have consistently been seen as an element of food insecurity in Namibia. At the same time, however, other aspects of the food security and health challenge have tended to take precedence in practice. In addition, the framing of food security as a primarily rural issue means that the urban food security policy challenge has tended to

be sidelined. On the positive side, the food security and nutrition challenge has consistently been seen as requiring a coordinated multi-sectoral and inter-ministerial approach. This is reflected, also, in the approach to the health-related implications of food insecurity which are also not siloed in a single ministry (such as health), as in many other countries.

### MoHSS Programming

Food consumption related health impacts were initially seen as the sole domain and responsibility of the Health Ministry. The first post-independence National Health Policy Framework (1998) and the second National Health Policy Framework (2010–2020) of the MoHSS both address the issue of non-communicable disease (MoHSS 1998, MoHSS 2010). The latter has a major focus on communicable disease but also observes that “overweight and obesity among children and adults alike is of increasing concern: “lifestyle factors are strongly associated with these problems. Type 2 diabetes is associated with obesity, and in cardio-vascular diseases nutrition plays an important role. It is also increasingly documented that some cancers are associated with nutritional factors.”

Proposed strategic response directions include: (a) promotion of research for monitoring of micro-nutrient deficiencies; research into the nutrition situation of the adult population and their diet and staging adequate action together with other sectors to promote a balanced diet; (b) advocacy for fortification of food; (c) promotion of use of local foods and the necessary health education support; (d) special attention to the nutritional situation of women in antenatal clinics; (e) promotion of breastfeeding; (f) paying attention to the nutritional needs of PLWHA; (g) advocacy for and promotion of the introduction of school feeding programmes; (j) participation in health promotion action against overweight and obesity; (k) strengthening action against important lifestyle and NCDs; (l) institution of surveillance of NCD risk factors among the population; (m) development of legal instruments, e.g. prohibition of smoking in public places,



non-sale of alcohol to minors, and alcohol taxation; (n) developing and implementing with other sectors and stakeholders the awareness creation instruments and strengthening health promotion through behavioural change communication, including community dialogue; (o) advocate for healthy lifestyle at an early age; and (p) institutionalization of NCD screening and promotion of good quality health services for lifestyle related ailments and other NCDs.

As of 2019, the main progress made was in training primary healthcare workers in WHO's Package of Essential Non-Communicable Disease interventions (or PEN). By December, 35 health workers including Chief Medical Officers, nurses and allied professionals from the rural Hardap and Kavango regions had been trained and they, in turn, trained a further 28 health care providers in Hardap region (WHO 2019). However, it is not clear why this initiative is targeting peripheral rural areas rather than urban areas where the challenge is much more serious.

The other relevant MoHSS policy framework is the MoHSS Strategic Plan for Nutrition (2011-2015) (Republic of Namibia 2011) The Plan noted that a proposed Non-communicable Diet-Related Diseases Programme had not been implemented "because of lack of capacity at national level." However:

*The prevalence of overweight, obesity and associated non-communicable diseases (NCD) are of public health concern as these are emerging as important causes of morbidity and mortality in Namibia. Namibia is using standardised surveillance methods and rapid assessment tools such as the WHO STEPwise approach to the surveillance of risk factors for non-communicable diseases in order to assess the current situation, trends, impact of interventions and measure changes in the distribution of risk such as patterns in diet, nutrition and physical activity.*

Diet-related diseases and lifestyles were identified as one of four priority areas with the aim to reduce the prevalence of obesity from 12% to 8% and overweight from 16% to 10% in women of reproductive

age and from 4.3% to 1.5% in under-5s. Proposed strategies include: (a) assessment of prevalence and causes of obesity and associated NCDs in the general population; (b) monitoring and promotion of healthy diets and physical activity; (c) dietary management of diet-related non-communicable diseases; and (d) regulation of food safety, food standards and food labelling.

### National Multisectoral NCD Strategic Plan

In August 2018, the Office of the Prime Minister launched a comprehensive multi-sectoral *National Multisectoral Strategic Plan for Prevention and Control of Non-Communicable Diseases (NCDs) in Namibia, 2017/18-2021/22* (Republic of Namibia 2017c). The Minister's introduction notes that "most of the determinants of NCDs and their risk factors lie well outside the purview of the Ministry of Health and Social Services" which therefore demands a multi-sectoral approach including line ministries, academia, the private sector, NGOs, CSOs, FBOs, CBOs and "the community at large." The Strategic Plan is explicit about government's commitment to addressing NCDs:

*Acknowledging the huge burden of NCDs in terms of morbidity, mortality and disability in Namibia and the urgency to act now, the government of the Republic of Namibia has prioritized the prevention and control of NCDs, through a whole of government and multisectoral approach, firmly believing that investment in the prevention and control of NCDs is a priority for social- and economic development.*

The Plan affirms that "the risk factors for CVD in Namibia include smoking, lack of physical exercise, harmful use of alcohol, unhealthy diets and obesity" and that a large percentage of NCDs are preventable through the reduction of four main behavioural risk factors: use of tobacco products, physical inactivity, harmful use of alcohol products and unhealthy diet. Under the latter, the Plan notes that fruit and vegetable consumption is higher among higher income and educational groups but is generally "below the recommended standard." In addition:

*Socio-economic developments and rapid urbanization led to changing lifestyles resulting in a shift in dietary patterns. People are now consuming more foods high in energy, fats, free sugars or salt/sodium, and many do not eat enough fruit, vegetables and dietary fiber such as whole grains.*

According to the Plan, previous national programs to prevent the onset of and reduce chronic NCDs have been ineffectual due to “poor coordination, limited budget and technical capacity.” As a result “there is a need to move from old risk/disease specific approaches towards cost-effective and integrated NCDs risk factors prevention and control approach in order to achieve reduction of several risk factors.” The extremely ambitious Plan has seven Strategic Objectives (SOs), 47 Expected Outputs and 129 Activities, all to be completed in the period 2018–2022 The SOs include:

- Raising the priority accorded to the prevention and control of NCDs on the political agendas and at all levels through advocacy;
  - Strengthening national capacity, leadership, governance, multisectoral collaboration and partnerships to accelerate country response for the prevention and control of NCDs;
  - Reducing modifiable risk factors for NCDs and underlying social determinants through the creation of health promoting environments;
  - Strengthening and orienting health systems to address the prevention and control of NCDs and the underlying social determinants through people-centred primary health care and universal health coverage;
  - Promoting and implementing evidence-based strategies and interventions for prevention and control of violence and injuries particularly road traffic accidents;
  - Promoting and supporting national capacity for high-quality research and development of research agenda for prevention and control of NCDs;
  - Monitoring trends and determinants of NCDs and evaluating progress in its prevention and control.
- Key 2025 targets outlined in the Monitoring Framework include:
- Thirty percent relative increase in adult consumption of five total servings (400grams) of fruit and vegetables per day;
  - Zero percent increase in diabetes and obesity among women (35–64) (32%) and men (35–64) (12%);
  - Zero percent increase in prevalence of raised blood glucose/diabetes or on medication for raised blood glucose among women (35–64) (6%) and men (35–64) (7%);
  - Twenty-five percent relative reduction in raised blood pressure and/or diastolic blood pressure among women (35–64) (44%) and men (35–64) (45%);
  - Fifty percent of eligible persons (40+) with 10 year cardiovascular risk receiving drug therapy;
  - Seventy percent of diabetics and hypertensives receiving CVD risk mitigation counseling and treatment (incl. drug therapy to prevent heart attacks);
  - Thirty percent relative reduction in tobacco products use;
  - Ten percent relative reduction in harmful use of alcohol;
  - Fifteen percent reduction in premature mortality from NCDs (defined as dying between 30–70 from cardiovascular disease, cancer, Diabetes Mellitus or chronic respiratory disease);
  - Eighty percent of population with NCD prevention information and awareness; and
  - Twenty percent relative increase in per capita government spending on NCDs.

The Plan notes that NCD control and prevention is a multi-scalar challenge requiring action at national, regional, district and community levels and that a Multisectoral Coordination Mechanism lodged in the Office of the Prime Minister (OPM) is central to the Plan's success. Two levels of coordination mechanism are suggested: (a) national (responsible for developing policies, coordinating different sectors, mobilizing and allocating resources, reviewing progress, addressing obstacles and reporting); and (b) regional (coordinated by Regional Governors and responsible for implementation of activities, enforcement of relevant laws and reporting on activities). Notably, no specific coordination mechanisms are proposed at municipal level.

At the national level, the Plan proposes a Multisectoral Coordination Committee with a Secretariat in the Ministry of Health and Social Services, comprising representatives from 13 government ministries, the Association of Local Authorities, the Association of Regional Councils, the Roads Authority and Motor Vehicle Accident Fund, the Namibian Police Force, the University of Namibia and University of Science and Technology, the Windhoek Central Hospital Cancer Centre, the Cancer association, 'private sector representatives' (unspecified), civil society (unspecified), Health Professional and Patients Associations, and 'partners' (namely WHO, UNDP, UNFPA, UNICEF, UNAIDS, FAO, CDC, I-TEC). The advent of COVID-19 in 2020 has produced delays in implementation. Namibia apparently did not respond to a recent WHO rapid assessment survey on the impact of COVID-19 on NCD resources and services (WHO 2020).

The broader question is how the Plan conceptualizes the causes of the problem and what remedies it suggests. Hawkes et al (2013) and Roberto et al (2015) suggest the NOURISHING Framework is a useful tool for evaluating different governance responses to the NCD epidemic. The framework identifies three domains covering 10 areas of potential policy action: (a) the food environment; (b) the food system; and (c) behaviour-change communication. The framework is premised on the principle that individual behaviour change alone

is insufficient to address the NCD epidemic. The contribution of broader food environment and food system change must also be taken into account (Hawkes and Popkin 2015). The NOURISHING typology can be used to classify the objectives, outputs and proposed activities of the Namibian Plan (Table 2). What is immediately obvious (see last column) is that the vast majority of interventions fall into the behaviour-communication category. This is consistent with the emphasis on changing individual behaviour (purchasing and consumption practices and physical activity) proposed in the WHO's Global Action Plan for the Prevention and Control of Non-communicable Diseases from which the Namibian Plan takes its direction (WHO 2013). Thus, despite the multi-sectoral vision of the Plan and the proposed involvement of many line ministries, civil society organizations, the private sector and academics on the Multisectoral Coordination Committee, the food environment and food system elements of the Framework are underdeveloped or overlooked. Some of the proposed strategies do address some elements of the food environment but there are no systematic effort to address the other elements of the food environment or the food system in which supermarkets, open markets and street vendors play a pivotal role (Crush et al., 2017).

On issues of food safety (which do have an indirect bearing on NCDs), government has taken a very different tack from either the rural-productionist approach to food insecurity or the emphasis on addressing nutrition deficiencies through personal responsibility and changing individual behaviour through public health education. The 2015 Namibian Food Safety Policy, for example, is notable for several reasons (Republic of Namibia 2015d). First, it defines food safety as an essential component of food security. Second, it takes what it labels a 'farm to fork approach' to food safety and proposed policies and interventions throughout the food system and at all points in the food supply chain. Third, it recognizes that food safety is a cross-cutting issue and that responses needed to be coordinated across several government departments including the Ministry of Health; the Ministry of Industrialization, Trade and SME Development;

TABLE 2: NOURISHING Framework for Namibia

Domain		Policy Area	Namibia MSP
Food environment	N	Nutrition label standards and regulations on the use of claims and implied claims of food	√
	O	Offer healthy foods and set standards in public institutions and other public settings	
	U	Use economic tools to address food affordability and purchase incentives	
	R	Restrict food advertising and other forms of commercial promotion	
	I	Improve the nutritional quality of the whole food supply	
	S	Set incentives and rules to create a healthy retail and food service environment	
Food system	H	Harness the food supply chain and actions across sectors to ensure coherence with health	
Behaviour-change communication	I	Inform people about food and nutrition through public awareness	√
	N	Nutrition advice and counselling in health-care settings	√
	G	Give nutrition education and skills	√

the Ministry of Fisheries; the Ministry of Urban and Rural Development; and the Ministry of Agriculture, Water and Land Reform. Policy responses to both food insecurity and overnutrition would have benefitted from taking a similarly systemic approach to understanding causes of the challenges as well as the proposed policy remedies. In 2017, the FAO and Namibian Agro Marketing Trade Agency (AMTA) began to conduct workshops (initially in Rundu and Ongwediva) with informal food vendors “aimed at sensitizing food traders on the importance of food safety and quality in relation to trade, health, safety, consumer protection and a sustainable environment, while at the same time promoting the use of best practices in every process towards the value chain” (FAO 2017).

## Municipal Food Security Governance

As the previous sections suggest, food security and health are the domain of national not local government in Namibia. The 1992 Local Authorities Act (as Amended) defines the spheres of responsibility of city government and makes no mention of governing or regulating the urban food system, which is therefore also absent from the organizational structure of local government. The City of

Windhoek, for example, has departments of electricity, information & communication technology, finance and customer services, police, human capital and corporate services, infrastructure, water and technical services, urban and transport planning, housing, property and human settlements, and economic development and community services (with a health services division). Most Town Councils in smaller urban centres are responsible for services such as supply of water, electricity, sewerage system, storm water drainage, cemeteries, streets and public places, housing schemes, immovable property of the Local Authority Council, valuation of retainable property within local authority area and rates. No urban centre has a department dedicated to urban food system management or food security policies or plans in place. The only reference to food in Windhoek’s Transformational Strategy Plan’s (2017–2022) is Council’s commitment to roll out urban agriculture (City of Windhoek 2017: 9). Similarly, the Strategic Plan of the Oshakati Town Council (2015–2020) (OTC 2015) mentions only two priorities (regulations for the open market and construction of an abattoir) which relate in any way to the food system.

Although the National Multisectoral Strategic Plan for NCDs notes that control and mitigation interventions for NCDs should be multi-scalar from the national to the community level, it assigns no direct role or responsibility to municipal government. At



the same time, it is precisely in the urban centres of the country where the NCD challenge is greatest and where any national policy initiatives on NCDs will have to be implemented and realized. While the Plan tends to focus on individual consumer and lifestyle behaviour, NCDs in urban Namibia and the country at large need to be contextualized, understood and managed within a rapidly-changing food environment and food system. This section therefore focuses on municipal governance of the food system and, since these policies are not directly related to or motivated by NCD mitigation, speculates on what direct and indirect implications these policies might have for the growth or reduction of NCDs.

## Supermarketization of the Urban Food System

Supermarket penetration of urban food systems in the Global South is widely seen as a contributing factor to the nutrition transition and associated health burden (Demmler and Qaim 2020, Demmler et al 2017, Hawkes 2008, Kimenju et al 2015, Zhou et al 2015). Namibia's urban food system is increasingly dominated by modern supermarket chains, primarily from South Africa (Crush et al 2017, Nickanor et al 2020) All of the major South African chains have opened multiple supermarkets in Namibia in the last two decades. Local chain, Woermann Brock (WB) also has a strong presence and Botswana-based Choppies has also opened stores in smaller centres There are few checks or

constraints on the developers and corporations driving this supermarket revolution. Local subsidiaries directly emulate the corporate strategies and marketing behaviour of their South African parents. Namibian outlets are increasingly integrated into cross-border just-in-time supply chains, receiving much of their imported produce direct from large-scale distribution centres in South Africa.

Mallification is proceeding rapidly with supermarkets and related fast-food outlets acting as anchor tenants in new shopping mall developments (Battersby 2017). Budget subsidiaries of the major supermarket chains – such as Shoprite's USave – have expanded their numbers and reach and built new supermarkets closer to the large informal settlements in Windhoek. These supermarkets devote limited shelf space to fresh produce (except meat), and mainly purvey cereals packed in bulk and processed foodstuffs. One tangible result of growing supermarket domination of the food system of Namibia is that the urban areas are flooded with South African fresh and processed foodstuffs.

This represents a double-edged sword for the urban food environment and local consumers in Namibia. On the one hand, unhealthy processed and fast foods are now available in unprecedented volume and variety, as they are in most South African cities. On the other hand, because Namibia's climate precludes large-scale production of fresh fruit and vegetables, importation from South Africa means that healthier food options are available for those who can afford them. Many poorer urban households

**TABLE 3: Location of Corporate Supermarkets by Windhoek Constituency**

	Total	% Poor/severely poor*
Windhoek East	12	0.0
Windhoek West	9	0.0
John Pandeni	1	4.3
Katutura East	2	4.5
Katutura Central	1	8.3
Khomasdal	1	14.7
Samora Machel	1	37.5
Tobias Hainyeko	1	36.1
Moses Garoeb	1	77.8
Total	29	100.0

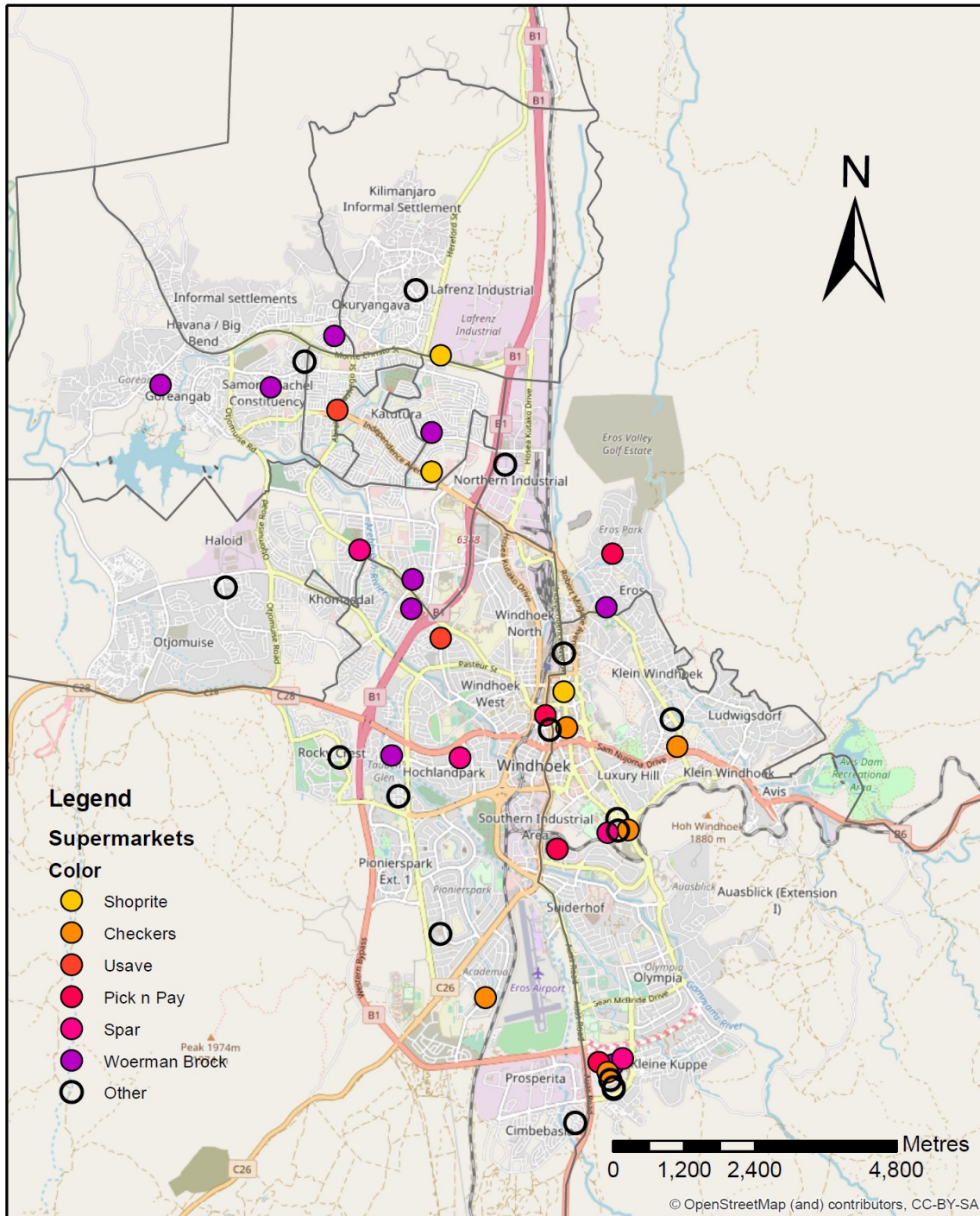
\*Based on 2016 NSA-NHIES poverty indicators



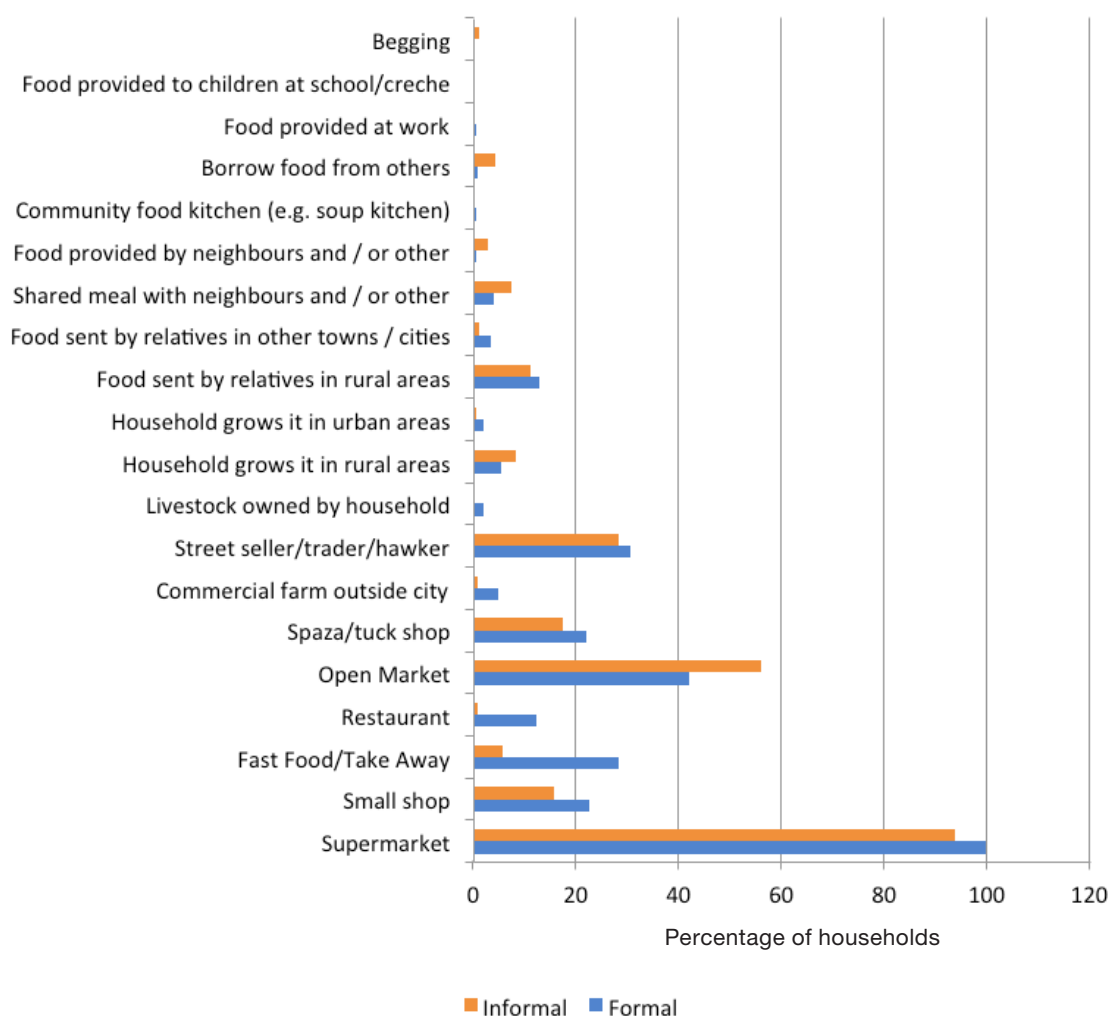
only shop at supermarkets on a monthly basis, purchasing dietary staples such as maize, sorghum, millet, and rice in bulk. As in South African cities, supermarkets cluster and compete in middle and high-income areas. In Windhoek, there is clear spatial bias in the location of supermarkets towards higher-income areas of the city. Twenty-one of

29 supermarkets are located in the higher-income neighbourhoods of Windhoek East and West (Table 3, Figure 2). Despite the locational bias of supermarkets, households in informal settlements are only marginally less likely to patronize a supermarket during the course of a month (Figure 3).

FIGURE 2: Spatial Distribution of Supermarkets in Windhoek



**FIGURE 3: Household Food Sourcing Patterns**



National government attempts to curtail or limit supermarket domination are fiercely contested by South African interests. In 2014, for example, national government attempted to protect the local dairy industry by restricting imports under the Import and Export Control Act. The move was successfully challenged in the courts by South African interests and a flood of low-cost Long-Life milk entered the Namibian market from South Africa, undercutting local dairy products and threatening it with collapse. From time to time, government has also issued ineffectual directives around the local procurement of horticultural products and beef. Recently, Namibia worked with South Africa on restricting chicken imports from Brazil to protect its fledgling poultry industry. But South Africa objected when Namibia then tried to protect its own industry from South African imports.

In 2016, Namibia adopted a Food Retail Charter, the only one of its kind in Southern Africa (das Nair and Landani 2019) which includes:

- Support to local sourcing and the promotion and marketing of Namibian produced goods;
- Support for domestic value chain and supplier development;
- Support for regional value chain development;
- Promotion of transparency and fairness in procurement procedures, particularly in terms of the credit, payment and rebate provisions so local producers receive no worse treatment than existing suppliers;

- Promotion of local ownership and control including the empowerment of formerly disadvantaged Namibians;
- Promotion of gender equity, human resource development, employee health and safety;
- Ensuring consumer protection regarding the safety and standards of products, the supply chains of these products, and their environmental and social impacts; and
- Development of a system of monitoring and reporting against the goals and targets of the charter and encouraging public participation and consumer involvement in such processes (NTF, 2016).

The aims of the Charter include “transform(ing) the retail sector from one that relies predominantly on foreign imports, to one that gives preference to local manufactures, by promoting the sourcing of locally produced products by retailers” and “promot(ing) consumer protection by safeguarding the safety and standards of products, the supply chains of the products, and minimising their adverse environmental impacts.” The latter includes facilitating consumer education; preventing dishonest or misleading advertising or labelling; addressing consumer complaints and providing redress; ensuring that products that are sold and services that are supplied are safe and suitable for consumption; ensuring that labels on products are accurate; and complying with national and international standards. das Nair and Landani (2019) note that it is too early to assess the effectiveness and impact of the Charter.

However, because participation in the Charter is voluntary and there are no legal enforcement mechanisms, full compliance by the major and highly competitive South African supermarkets is likely to be highly conditional. In 2019, a new directive with a longer list of products was in development but the voluntary nature of the Charter remains a challenge for local producers and processors. In an interview with the authors, the Deputy Executive Director at the Ministry of Industrialization, Trade and SME Development observed that there

were no effective restriction on SA retailers “who import what they want.” In terms of policy on food standards, the Ministry has a mandate that includes processed foods but had not implemented this this. The brine content of poultry is an example where the Ministry had not developed a policy. In the absence of a coherent and systematic national or local government strategy for responding to or managing the supermarket revolution, the connections between food system (mis)management and overnutrition in South Africa are in danger of being replicated in Namibia with similar negative consequences (Hunter-Adams et al 2019, Igumbor et al 2012, Kroll et al 2019, Smit et al 2016).

## Managing the Informal Food Sector

Despite the growing and largely unregulated power of corporate South Africa over the Namibian food system, the informal food retail sector has grown rapidly in many parts of Windhoek and along the main road that passes through Oshakati. We have analysed this symbiotic relationship in greater detail elsewhere (Nickanor et al 2019b). While the overall food system is (re)shaped by supermarket domination, the local food environment (especially in low-income and informal areas of the city) is characterized by a vibrant informal sector. However, in marked contrast to the laissez-faire approach to supermarket expansion, local government has taken a strongly interventionist largely stick and minimal carrot approach to regulating and controlling informal food vending in urban Namibia.

The governance of the informal food sector in urban Namibia was initially premised on the punitive 1994 Hawker and Pedlar Regulations which sought to eliminate street vending altogether. However, these controls were repealed in 1999 and replaced in Windhoek with new Street Trading Regulations which legitimized street trading under certain conditions (City of Windhoek 1999a). They made it illegal to trade without registering with the Town Clerk, designated various city spaces where it was

illegal to trade, and contained various health and sanitation provisions. Penalties for transgressing a regulation included fines of NAD2,000 or up to six months in prison or both. These regulations remain in force and provide the legal basis for sporadic police raids, arrests, and confiscation of goods from vendors.

Recurrent confrontations between the police and groups of food vendors have characterized recent years (Rhodes 2014, Tjihenuna 2014, The Namibian 2014, New Era 2014). In late 2017, the City police launched a “clean-up campaign” explicitly aimed at removing vendors from the streets (Nashuuta 2018). The Mayor publicly criticized street vendors and blamed them for the city’s health problems, noting that they were “the greatest contributors to poor hygiene as they carelessly dispose of their waste even in their trading environment” (Kapitako 2018). Removals have prompted organized protests from vendors including marches and petitions over the heads of local government to national government ministers and the President. In October 2018, a group of female street vendors in the CBD held a peaceful demonstration and handed over a petition addressed to President Hage Geingob (Nuukela 2018). The petition requested the president to intervene in harassment and victimisation by the police and the protestors vowed that their next act would be to lobby public support and organize a mass demonstration. One protestor noted that “we are just mothers trying to earn money through non-criminal means, so that we can feed our children and send them to school.”

Following one raid, a police spokesperson noted that “it is our job to ensure that the City looks presentable, hence we provide designated areas from where street vendors can sell from.” The reference to “designated areas” for street vendors relates to the City’s policy of municipal (or open) market development. To attempt to contain the rapid growth and spatial spread of the informal food sector, the City has constructed a series of fixed markets under the 1999 City of Windhoek development and upgrading strategy (City of Windhoek 1999b). The Mayor of Windhoek has claimed that these open markets “provide a suitable and safe trading area

that can be utilized and enjoyed by the traders and the community. The City has made provision for a total of sixteen open markets and has also allocated unimproved trading sites on a temporary basis to regulate trading and maintain acceptable hygiene and safety standards” (Namibian Economist 2014). Open markets provide tenants with infrastructure such as shelter, stalls, barbeque stands, potable water, sanitation facilities and electricity, and are controlled by management boards. The City assumes responsibility for rent collection, security, cleaning, sanitation, and maintenance. Most markets are strategically located in the northern half of the city within or adjacent to the constituencies that contain informal settlements: Samora Machel, Tobias Hainyeko and Moses-Garoëb (Figure 4). The strategy for controlling the spread of the informal food environment has also been adopted in other Namibian urban centres, including Oshakati, where informal vendors have been relocated to a new municipal market (Nickanor et al 2019a).

Elsewhere, particularly in Windhoek, vendors cluster in larger groups on public land, along roadsides, at traffic intersections, at bus stops, and outside open markets. This strategy makes it more difficult for the police to evict them and the City has acknowledged the presence of these clusters and given them tacit approval. The City labels these areas “unimproved trading sites” or “informal markets” and they are officially recognized as legitimate sites of informality with names based on their geographical location. Additional informal markets are springing up and the City has put in place a process of legitimation, declaring that “all hawkers operating at undeveloped trading sites are advised to group themselves and to approach the City of Windhoek in obtaining permission to utilize Council’s land” (City of Windhoek, nd). Like the City-run open markets, most informal markets are primarily located towards the north of the city and serve a low-income customer base.

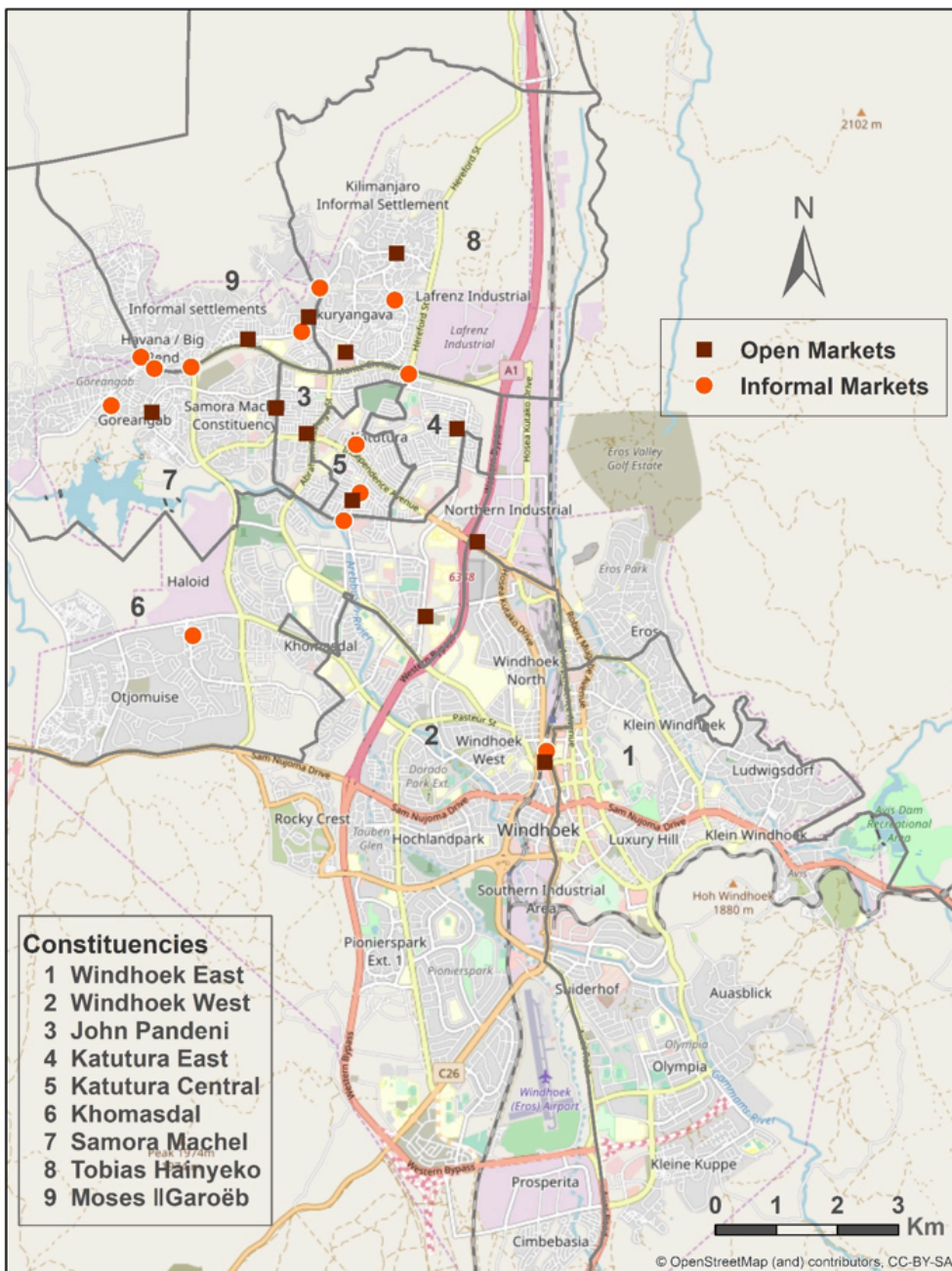
The punitive and permissive aspects of City policy towards the informal food environment both have potential food security implications. The frequency with which households access food from informal sources varies with income, with poorer households



accessing these sources more frequently. For example, 60% of the lowest income households in Windhoek purchase food from street vendors at least five days a week, compared with 52% in the middle tercile, and 42% in the upper tercile. Patronage patterns and frequencies suggest that easy access to informal vendors is critical for the poorest and most food insecure households. Households would be particularly vulnerable to any policies that reduced

their access to informal vendors. On the one hand, street and mobile purveyors make healthier foods (including FFV, fish and wild foods) more accessible price-wise and through bulk-breaking to poor households in informal settlements. On the other hand, a significant number of informal vendors sell processed foods and drinks high in sugar and salt, making them more accessible as snack foods to urban residents including schoolchildren.

FIGURE 4: Location of Open and Informal Markets in Windhoek





## Emulating the Belo Horizonte Model

According to de Almeida et al (2020), the city of Belo Horizonte in Brazil has received attention for its pioneering food security programmes and “inspired many jurisdictions around the world.” The objectives, structures and achievements of the Belo Horizonte (BH) food system governance model have been analyzed at length (Chappell 2018, de Oliveria et al 2020, Hawkes and Halliday 2017, Mendonça and Rocha 2015, Rocha 2001, 2016, Rocha and Lessa 2009). To assess the extent to which Belo Horizonte has “inspired” jurisdictions in Namibia (and Africa more generally), it is important to understand what emulation would entail and why the BH model has not been systematically implemented or materially changed the urban food system in Namibia, despite early promise. The model has three pillars: (a) direct supply of food to residents through restaurants, school meals, social assistance organizations, and food banking; (b) market regulation and promotion of fairs to provide low-cost food to the population through vegetable markets and organic fairs; and (c) strengthening of family and urban agriculture through institutional and community agroecological systems, productive backyards and community gardens.

Many projects have been implemented to operationalize these pillars and in 2019 alone, the BH Policy served 87 million tons of meals (free or subsidized), 210 tons of food provided by the food bank, 31,000 tons of food provided at accessible prices, 142 tons of food purchased from family farming initiatives, 37 community food systems implemented and 20,000 people trained (Future Policy 2020). However, as Hawkes and Halliday (2015) note, the large scale and longevity of the BH model is “due largely to institutionalization within city government (in a dedicated municipal agency known as SMASAN), a dedicated cadre of civil servants, and institutionalization of the right to food” at the national level. SMASAN (the Municipal Secretariat for Food and Nutrition Security) has six workstreams:

- Subsidized food sales, e.g. four ‘Popular Restaurants’ that serve nutritious meals at or below cost (over 11,000 meals per day);
- Food and nutrition assistance, e.g. school meals programme (serving over 150,000);
- Supply and regulation of food markets, e.g. low-cost food stores (20 in 2015) that sell food staples at prices fixed by the municipality, the Straight from the Country programme through which associations of small farmers sell directly to consumers (20 farmers);
- Support for urban agriculture, e.g. school gardens (133 in 2015), community gardens (50 in 2015);
- Food and nutrition education, e.g. online resources and policy knowledge centre; and
- Job and income creation, e.g. professional food courses in schools and for mature students.

In total, SMASAN employs 180 civil servants (including nutritionists, agronomists and social workers) and is governed by three adjunct entities: the Municipal Council of Food and Nutrition Security (COMUSAN), the Intersectoral Chamber of Food and Nutrition Security of Belo-Horizonte (CAISAN-BH) and the Municipal Forum of Food Supply and Food Security (FOMASA). While the Policy has not eliminated food insecurity and malnutrition, Belo Horizonte has seen significant decreases in infant and child mortality, child and adult malnutrition and NCDs (de Araújo et al 2018, Duarte et al 2013, Malta et al 2014, Pessoa et al 2015, Reis et al 2020) due, in part, to the BH Food Security Policy.

In 2009, the German NGO World Future Council (WFC) partnered with Ryerson University in Canada to launch an initiative to internationalize the Belo Horizonte food governance model and market it as a solution to urban food insecurity in Africa (Göpel 2009). The two organizations initially attempted to sell the model to the City of Cape Town (Gerster-Bentaya et al 2011) but their efforts gained no traction, primarily because the City had no food security strategy and no interest in developing one (Battersby 2019). The WFC then turned its attention to other African countries and to Namibia in particular, following a GIZ feasibility

study on transferability. In 2013, the WFC funded a visit to Belo Horizonte by government delegates from four African cities (Dar es Salaam, Kitwe, Bangangté and Windhoek). During the trip, Windhoek Deputy Mayor, Mueseke Kazapua signaled the City's intention to put food security on the governance agenda:

*Though the level of government closest to the people, local authorities in Namibia have not been actively involved in food security programmes. The current looming drought, however, is affecting not only rural communities, as is largely perceived, but equally those living in urban Namibia. Chronic malnutrition affects almost 30% of children below the age of five. This is unacceptable. By sharing best practices with our counterparts in Belo Horizonte, Mayor Agnes Kafula and I intend to solve this problem by promoting urban food security projects and turn Windhoek into a role model for other African cities to learn from (WFC 2013)*

In July 2014, the City of Windhoek convened a three-day workshop with the WFC, the FAO and the City of Belo Horizonte on Food and Nutrition Security, opened by the Namibian Deputy Prime Minister.<sup>1</sup> It was attended by over 30 Namibian mayors and deputy mayors, 11 representatives of village councils, 11 City of Windhoek officials and Council members and representatives from the private sector, civil society and international agencies (Bucatariu et al 2014). The Belo Horizonte model was discussed as well as the food security challenges facing Namibian urban centres and the institutional and regulatory barriers to local government programmes and actions.

The primary outcome of the workshop was the Windhoek Declaration on Food and Nutrition Security (Box One) and several "next step" recommendations including:

- Mayoral Forums and ALAN (Association of Local Authorities in Namibia) could support the development of a National Framework with local and contextualized implementation;
- A multi-stakeholder task force established at local authority level, with the mandate of taking

the lead in the implementation process, enabling the technical will through formulating a concrete roadmap, addressing and engaging the respective relevant stakeholders, and monitoring and documenting the implementation process;

- Put in place a committee to develop a white paper to be ready by end of 2014;
- Mapping of land to identify land parcels that can be used for UPA;
- Develop a UPA and Food and Nutrition Security policy in a participatory manner;
- Review existing Namibian by-laws in a participatory manner;
- Integrate UPA into the school feeding regulations; and
- Mainstream UPA in schools and soup kitchens, hospitals, etc.

Urban and peri-urban agriculture (just one component of the Belo Horizonte model) was viewed by many participants as the most effective way to address food insecurity in Namibian towns and cities. Research evidence that urban agriculture was extremely limited and constrained in low-income areas in Namibian cities (Frayne 2004, Pendleton et al 2012) and how best to facilitate of rural-urban food transfers were not seriously discussed. In 2015, the City of Windhoek signed an MOU with Belo Horizonte and the WFC to work together and there was a further study tour of Belo Horizonte by Windhoek and Walvis Bay mayors who expressed particular interest in the implementation of urban agriculture and municipal food banks in the Brazilian city. There appears to have been little follow-up with Belo Horizonte or systematic action on the Windhoek Declaration. What is clear is that transplantation of the Belo Horizonte model in its entirety from the Brazilian to the very different Namibian context would be extremely difficult and demand the kind of investment of resources (financial and human) that the City does not possess.

## Joining the Milan Pact

In 2015, Windhoek was one of the first African signatories to the Milan Urban Food Policy Pact, which now has over 200 participating cities worldwide. The Pact contains 37 recommended food system actions for voluntary implementation (Box Two). However, there is no evidence that the City of Windhoek has been able to implement any of these recommendations. City officials have no mandate to address the Pact recommendations and lacks the resources to act on those that do fall within its ambit. Crucially, the City has yet to develop the baseline urban food policy or plan recommended for creating an effective governance environment. As the City's Section Head of Social Welfare commented:

*The challenge is that we don't have a food policy as required by Milan. We do not even know where the food is coming from. We have not done any food mapping of the entire food system and need assistance from researchers to do this. We need assistance but we do not have the resources. We also need assistance to develop a policy.*

In addition to not having a Food Policy or Plan, none of the other recommendations have been systematically addressed. At the same time, national government and the City have indirectly addressed some elements of the Pact though without reference to the Pact itself. These include food banking (14), school feeding (5), community gardens (18), urban and peri-urban agriculture (20), municipal markets (31) and the informal food sector (33). The City used to have 3-4 child feeding programmes at different community centres. Currently, only one centre is operating in Tobias Hainyeko, which provides lunch to needy children identified from poor households or referred by schools. A total of 355 children under seven years old receive lunch under this feeding programme. Furthermore, Windhoek has several soup kitchens for the homeless, which are run three times per week by non-governmental organizations in city-owned community halls.

## Promoting Urban and Peri-Urban Agriculture

Earlier studies of household food security in Windhoek found minimal evidence of urban and peri-urban agriculture (UPA) in low-income areas of the city. Frayne (2010), for example, found that only 5% of households in the Katutura constituency engaged in any form of urban agriculture. Pendleton et al (2012) reported even lower rates of participation in low-income areas of the city, including various informal settlements, with just 3% of households involved. More recently, the city-wide HCP household found that only 6% of all households were engaged in urban agriculture (Nickanor et al 2017). In smaller centres in northern Namibia (where peri-urban cultivation on communal land is possible), UPA is more prevalent with 20% of households growing some of their own food (Nickanor et al., 2019). A key question is whether the absence of widespread urban agriculture is a function of a negative policy environment. Dubbeling (2016) noted as follows:

*It can be concluded that the general policy framework does not preclude (restrict, prohibit) the development of urban and peri-urban agriculture for home consumption or for the market, however neither is the practice specifically promoted nor supported. Most notably is the lack of mention of agriculture and urban food security as a local government duty, power and function in the Local Authority Act No 23 of 1992 and its amendments, as well as in city development and structure plans. National food security and nutrition and agricultural policies neither address the specific needs of and support for urban and peri-urban agriculture and producers ... This lack of legal backing reduces the opportunities to create a more facilitating support framework for development of the practice.*

According to Dubbeling (2016) therefore, there are no legal prohibitions on urban agriculture, but a more supportive and enabling policy environment would promote greater participation by the urban populace. Her proposed policy remedies (none of which have been adopted) included extensive amendments to the Local Authority Act, Town Planning Ordinance, Windhoek Town Planning

and Structure Plan to make city government responsible for the promotion and regulation of UPA, development of an Urban Agriculture Act (along the lines of that enacted in Nairobi), and setting up of a Windhoek Food Council to promote UPA programmes. The question not addressed is why rates of participation in UPA are so low if there are no restrictions or prohibitions on the practice.

#### BOX ONE: Windhoek Declaration on Food and Nutrition Security

### Windhoek Declaration

#### Workshop on Food and Nutrition Security

21 - 23 July 2014, Windhoek, Namibia  
NamPower Convention Centre

#### Concluding Recommendations

After thorough deliberation at the Workshop on Food and Nutrition Security which was enabled by the City of Windhoek, the City of Belo Horizonte (Brazil), the World Future Council and the Food and Agricultural Organization of the United Nations (FAO).

We, the Mayors of Namibian Cities, policymakers, technicians, experts, and representatives of civil society organizations have compiled this document with the following recommendations which we strongly feel ought to be implemented by all stakeholders in order to ensure the right to food for all people.

We

Recognize the urgent need to act now at local and national levels to address the challenges in food and nutrition security our country is facing today and ensure food and nutrition security for future generations.

Commit to engage in a multi-stakeholder dialogue on food and nutrition security governance and interventions at different levels: from local to national, from public to private, including but not limited to civil society and international organisations, and media.

Acknowledge the fact that we need to develop and implement solutions that are fitting for our specific situations, including reviewing the policy and legal framework on national level, developing solutions for financing efforts on local level, and connecting political with technical will.

Commit to harmonize our efforts to tackling food and nutrition security in Namibia and build networks for multi-level stakeholder dialogue, partnerships, capacity building and implementation of follow-up actions.

Engage to realize the concrete recommendations, action plans and time frames that have been developed at the Workshop, especially in regards to the establishment of Food Banks in Namibia and the promotion of urban and peri-urban agriculture and city-region linkages.

Recommend that ALAN facilitates the establishment of an inter-municipal technical task force whose mandate is to engage further relevant stakeholders with the view to implementing concrete recommendations and action plans that have been developed at the workshop.

Windhoek, 23 July 2014

Signed by the Mayors of Windhoek, Arandis, Aranos, Gobabis, Grootfontein, Helao Nafidi, Karasburg, Katima Mulilo, Luderitz, Mariental, Nkurenkuru, Ondangwa, Okahao, Opuwo, Oshakati, Oshikuku, Otjiwarongo, Outapi, Rehoboth, Rundu, Swakopmund and the Chairpersons of the Village Councils of Kalkrand, Stampriet, Berseba, Bethanie, Tses, Kamanjab.



**BOX TWO: Milan Urban Food Pact Recommendations**

1. Facilitate collaboration across city agencies and departments and seek alignment of policies and programmes that impact the food system across multiple sectors and administrative levels, adopting and mainstreaming a rights-based approach; options can include dedication of permanent city staff, review of tasks and procedures and reallocation of resources.
2. Enhance stakeholder participation at the city level through political dialogue, and if appropriate, appointment of a food policy advisor and/or development of a multi-stakeholder platform or food council, as well as through education and awareness raising.
3. Identify, map and evaluate local initiatives and civil society food movements in order to transform best practices into relevant programmes and policies, with the support of local research or academic institutions.
4. Develop or revise urban food policies and plans and ensure allocation of appropriate resources within city administration regarding food-related policies and programmes; review, harmonize and strengthen municipal regulations; build up strategic capacities for a more sustainable, healthy and equitable food system balancing urban and rural interests.
5. Develop or improve multisectoral information systems for policy development and accountability by enhancing the availability, quality, quantity, coverage and management and exchange of data related to urban food systems, including both formal data collection and data generated by civil society and other partners.
6. Promote sustainable diets (healthy, safe, culturally appropriate, environmentally friendly and rightsbased) through relevant education, health promotion and communication programmes, with special attention to schools, care centres, markets and the media
7. Address non-communicable diseases associated with poor diets and obesity, giving specific attention where appropriate to reducing intake of sugar, salt, trans fats, meat and dairy products and increasing consumption of fruits and vegetables and non-processed foods.
8. Develop sustainable dietary guidelines to inform consumers, city planners (in particular for public food procurement), food service providers, retailers, producers and processors, and promote communication and training campaigns.
9. Adapt standards and regulations to make sustainable diets and safe drinking water accessible in public sector facilities such as hospitals, health and childcare facilities, workplaces, universities, schools, food and catering services, municipal offices and prisons, and to the extent possible, in private sector retail and wholesale food distribution and markets.
10. Explore regulatory and voluntary instruments to promote sustainable diets involving private and public companies as appropriate, using marketing, publicity and labelling policies; and economic incentives or disincentives; streamline regulations regarding the marketing of food and non-alcoholic beverages to children in accordance with WHO recommendations.
11. Encourage joint action by health and food sectors to implement integrated people-centred strategies for healthy lifestyles and social inclusion.
12. Use cash and food transfers, and other forms of social protection systems (food banks, community food kitchens, emergency food pantries etc.) to provide vulnerable populations with access to healthy food, while taking into consideration the specific beliefs, culture, traditions, dietary habits and preferences of diverse communities, as a matter of human dignity and to avoid further marginalization.
13. Reorient school feeding programmes and other institutional food service to provide food that is healthy, local and regionally sourced, seasonal and sustainably produced.
14. Encourage and support social and solidarity economy activities, paying special attention to food-related activities that support sustainable livelihoods for marginalized populations at different levels of the food chain and facilitate access to safe and healthy foods in both urban and rural areas.
15. Promote networks and support grassroots activities (such as community gardens, community food kitchens, social pantries, etc.) that create social inclusion and provide food to marginalized individuals.
16. Promote participatory education, training and research as key elements in strengthening local action to increase social and economic equity, promote rights-based approaches, alleviate poverty and facilitate access to adequate and nutritious foods.
17. Promote and strengthen urban and peri-urban food production and processing based on sustainable approaches and integrate urban and peri-urban agriculture into city resilience plans.



18. Assess the flows of food to and through cities to ensure physical access to fresh, affordable foods in low-income or underserved neighbourhoods while addressing sustainable transportation and logistics planning to reduce carbon emissions with alternative fuels or means of transport.
19. Support improved food storage, processing, transport and distribution technologies and infrastructure linking peri-urban and near rural areas to ensure seasonal food consumption and reduce food insecurity as well as food and nutrient loss and waste with an emphasis on diversified small and medium scale food businesses along the value chain that may provide decent and stable employment.
20. Assess, review and/or strengthen food control systems by implementing local food safety legislation and regulations that (1) ensure that food producers and suppliers throughout the food chain operate responsibly; (2) eliminate barriers to market access for family farmers and smallholder producers; and (3) integrate food safety, health and environmental dimensions.
21. Review public procurement and trade policy aimed at facilitating food supply from short chains linking cities to secure a supply of healthy food, while also facilitating job access, fair production conditions and sustainable production for the most vulnerable producers and consumers, thereby using the potential of public procurement to help realize the right to food for all.
22. Provide policy and programme support for municipal public markets including farmers markets, informal markets, retail and wholesale markets, restaurants, and other food distributors, recognizing different approaches by cities working with private and public components of market systems.
23. Improve and expand support for infrastructure related to market systems that link urban buyers to urban, peri-urban and rural sellers while also building social cohesion and trust, supporting cultural exchange and ensuring sustainable livelihood, especially for women and young entrepreneurs.
24. Acknowledge the informal sector's contribution to urban food systems (in terms of food supply, job creation, promotion of local diets and environment management) and provide appropriate support and training in areas such as food safety, sustainable diets, waste prevention and management.
25. Convene food system actors to assess and monitor food loss and waste reduction at all stages of the city region food supply chain, (including production, processing, packaging, safe food preparation, presentation and handling, re-use and recycling) and ensure holistic planning and design, transparency, accountability and policy integration.

Source: <https://www.milanurbanfoodpolicypact.org/wp-content/uploads/2020/12/Milan-Urban-Food-Policy-Pact-EN.pdf>

While urban agriculture has fallen out of favour globally as a policy tool for addressing food and nutrition security, the legacy of several decades of over-promise and advocacy by international organizations, aid agencies and charitable foundations remains strong in many African cities, including in Namibia. In Windhoek, the Section Head of the City's Social Welfare Department argued that urban agriculture is the panacea for urban hunger and unhealthy diets:

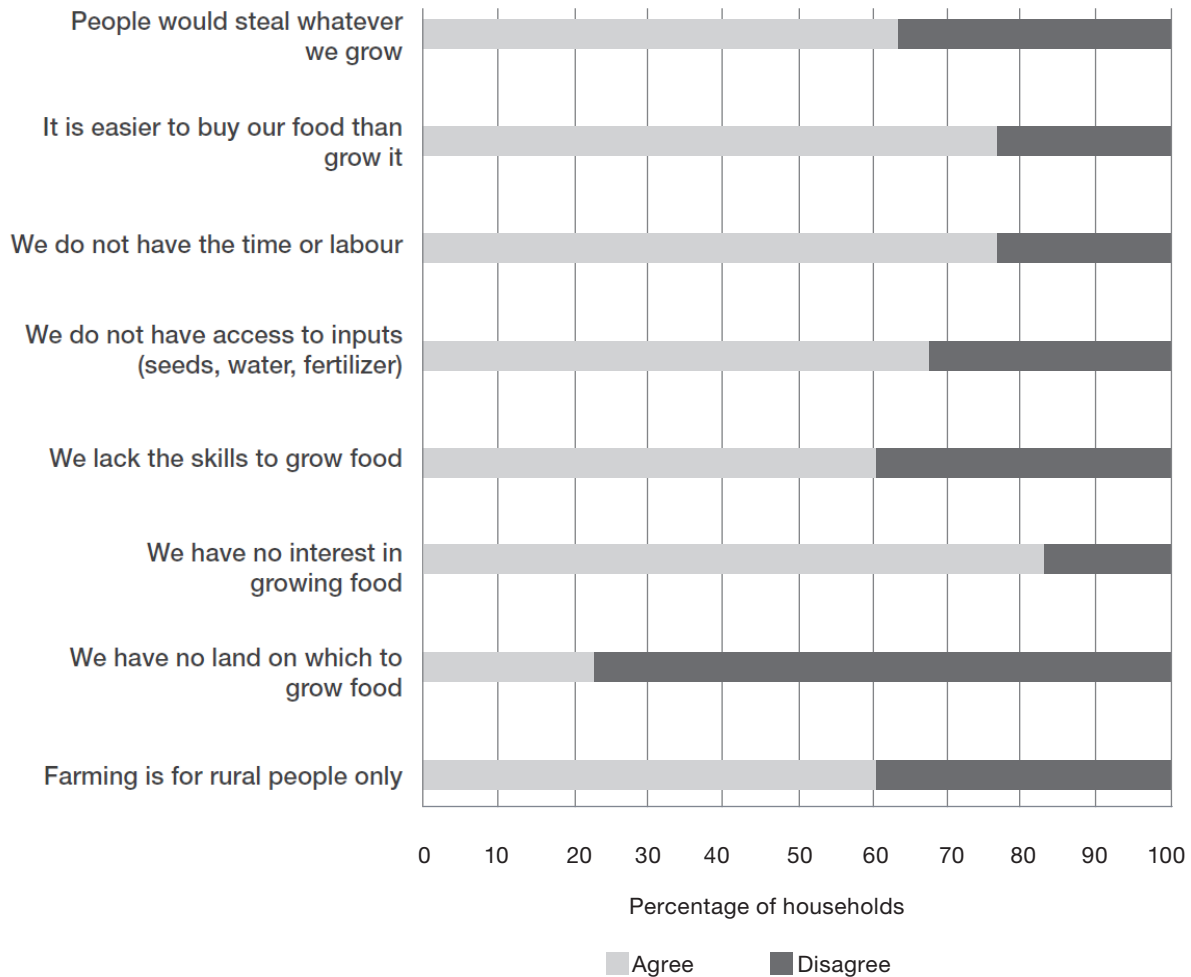
*The only way to address food insecurity and food poverty is to engage the community to grow food in their own backyards. The community must be empowered to grow their own food. We know the challenge is the water crisis but all households need to make gardens in their own backyards. We want to have courses in urban agriculture for all areas, not just the informal settlements but we don't have the capacity. We will start small and expand urban agriculture.*

Currently, City of Windhoek support for UPA has focused on community gardens rather than targeting individual households. The City has identified five sites for community gardens and volunteers from the community are being trained to grow their own food using permaculture and aquaponics.

Recent household surveys suggest that there is very limited interest in urban agriculture. Over 80% of respondents in northern Namibian towns said they had no interest in growing food and over 70% that it was easier to buy than grow food and that they had neither the time nor the labour (Figure 5). This responses suggest that even if there was massive policy support to implement a programme of urban agriculture, the take-up would likely be minimal. Similar negative attitudes were expressed in in Windhoek where over 60% of households had no interest in growing food, said it was easier to buy food, and that they did not have the time or labour to engage in UA (Figure 6). In addition,

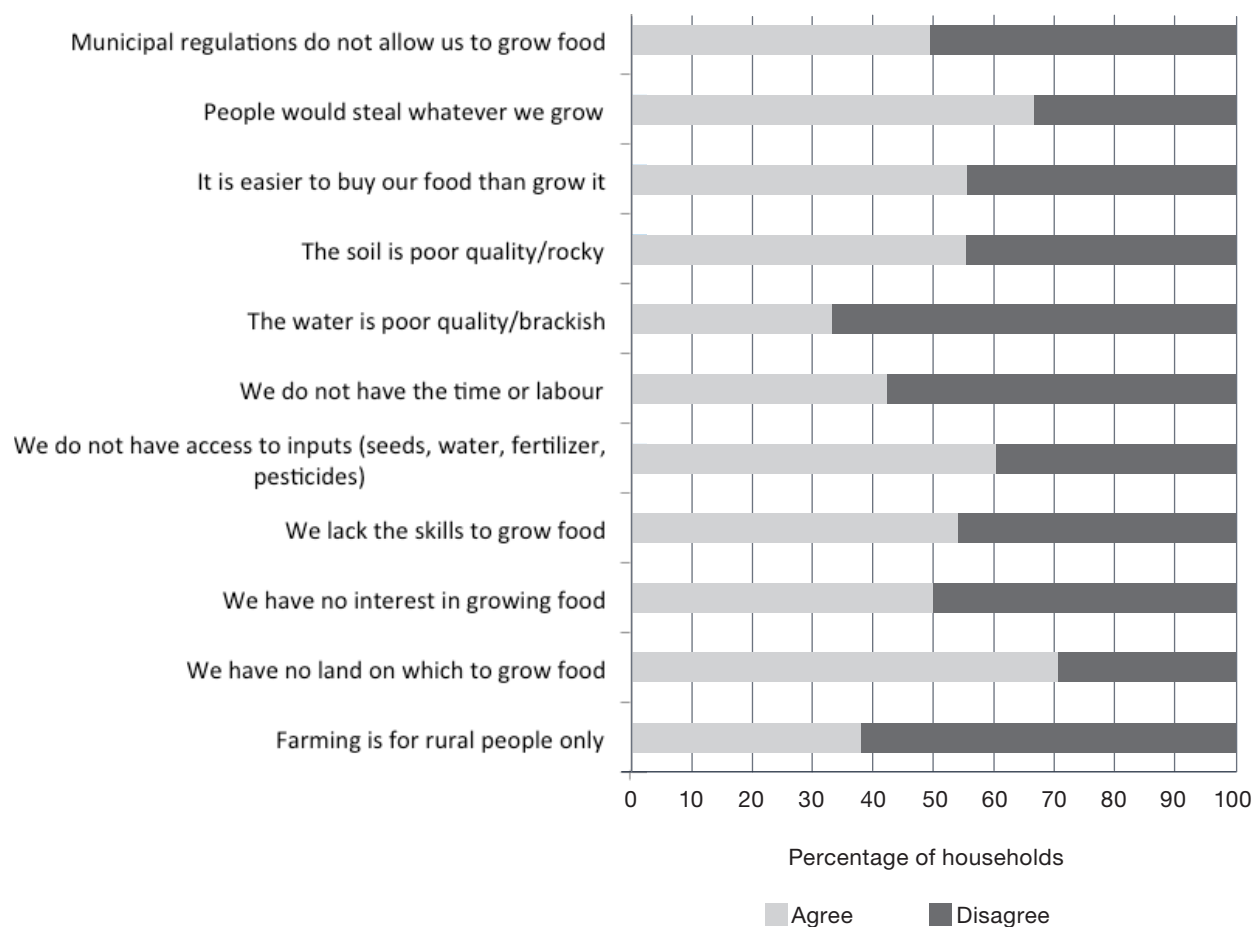
in Windhoek, a belief that anything grown would be stolen was extremely strong (87%) as was the absence of land on which to grow food (85% compared to only 20% in the north). There was also a strong sense in Windhoek that municipal regulations actually precluded engagement in UPA.

**FIGURE 5: Attitudes to Urban Agriculture in Northern Namibia**



Source: Nickanor et al (2019)

FIGURE 6: Attitudes to Urban Agriculture in Windhoek



Source: HCP

## Conclusion

Like most other African countries, Namibia is experiencing the so-called double burden of malnutrition in the form of widespread hunger and undernutrition as well as growing overnutrition. With some isolated exceptions, research and policy responses to date have tended to focus on the former and neglect the latter. While there is a consistent strain of concern about the growing evidence of overnutrition, obesity and non-communicable diseases, much of the framing, and most of the policy interventions, around food security have prioritized food production and availability and, to a lesser extent, lack of food access. Other dimensions of food insecurity, particularly food utilization and good nutrition, have received much

less attention. Thus, the Namibian variant of what is frequently labelled the ‘nutrition transition’ in the Global South has been rather neglected. While its outcomes – in the form of a growing burden of non-communicable disease – are increasingly recognized, its causes and drivers are less well understood, much less what the locally-appropriate and workable mitigation strategies flowing from such an analysis might be. In the absence of such knowledge, there is a danger that generic frameworks and solutions are uncritically imported by international agencies and embedded in policy responses without regard to local specificities, constraints and challenges. This danger is apparent in the National Multisectoral Strategic Plan for Prevention and Control of Non-Communicable Diseases (Republic of Namibia 2017c), which is notable for its wholesale adoption of WHO framing of the NCD challenge

and its emphasis on changing individual dietary and lifestyle behaviour rather than addressing the more complex and difficult challenges of the food system dynamics driving the pandemic.

What is laudable about Namibia, and something of an exemplar for other countries, is national government's prioritization of food and nutrition insecurity in the three decades since independence. The early declaration of two successive national nutrition decades and recognition of the importance of a whole-of-government approach were particularly notable in a global context where food insecurity is often seen as a peripheral development challenge, siloed in ministries of agriculture, and used as a pretext for supporting rural smallholders to grow more food. In the last decade, as this paper makes clear, there has been an abundance of national strategies and plans to address poverty, food insecurity, and ill-health in Namibia. The cornerstone for setting priorities is the periodic national development plan process now in its fifth iteration (NDP5).

Out of the food-related priorities identified in the NDPs have emerged food governance platforms, plans and programmes including the National Alliance for Improved Nutrition (NAFIN), the Nutrition and Food Security Alliance of Namibia (NAFSAN), the Food and Nutrition Security Council (FNCS) in the Office of the Prime Minister, the Namibia Vulnerability Assessment Committee (NamVAC), the Namibian Food & Nutrition Security Monitoring System (NFMNS), the 1995 Food and Nutrition Policy, the 2000 Food and Nutrition Guidelines, the Strategic Plan for Nutrition, 2011–2015, the 2015 report on Strengthening Food and Nutrition Security Monitoring, the 2015 Namibian Agricultural and Food Safety Policies, the 2016 Blue Print on Wealth Redistribution and Poverty Eradication, the Presidential Harambee Prosperity Plan, the 2017 Zero Hunger Strategic Review Report, the 2018 Draft Social Protection Policy, the 2019 Namibia School Feeding Policy, and the 2017 Multisectoral Strategic Plan for Prevention and Control of Non-Communicable Diseases (NCDs).

While these plans, programmes and platforms represent an impressive body of national aspirations, activities and targets, there are fewer evaluations of how successful each has been and whether and how a whole-of-government approach has worked in practice. The latter issue is of particular importance given the wide-ranging participation of many government departments, international agencies and other actors and complex governance structures proposed in the NCD Strategic Plan. Two years into the Plan, knowledge of its substance is still quite limited and the proposed governance mechanisms are not yet in place. The 2020 disruptions of COVID-19 have likely further delayed implementation despite the fact that the pandemic has only intensified global concern about food insecurity and the vulnerability of those with underlying conditions (including obesity and NCDs) (Kluge et al 2020). As Sheldon and Fisher (2020) note, “these two epidemics are closely connected and act synergistically on morbidity and mortality: people with NCDs are more vulnerable to severe COVID-19 and death; COVID-19 and NCDs share a common set of underlying risk factors, including deprivation, obesity, older age, and ethnicity.” Namibia did not respond to a 2020 WHO Rapid Survey of the impact of COVID-19 on NCD service delivery, but there is evidence that the primary health-related COVID-19 focus is ensuring ART for PLHIV (Hanse et al 2021, Hong et al 2020).

The Namibian approach to food and nutrition insecurity is not as circumscribed by the rural, productionist bias that characterizes the approach of the international food security agenda and agencies, and that of many African governments including neighbouring South Africa (Crush and Riley 2019). Also, there seems to be greater awareness that the country faces enormous food security challenges associated with rapid and highly visible urbanization and urban transformation. It is probably no coincidence that the seat of government and the location of government ministries is in Windhoek where the negative changes and challenges associated with rapid urbanization and growing informality are apparent, not least in the informal settlements on the northern side of the city. At the



same time, however, this break with conventional wisdom is incomplete. When policy discussion turns to how to address food and nutrition security, standard solutions tend to predominate: grow more food (or at least grow more locally), support small-holder farmers, expand social protection mechanisms and, in the case of the urban poor, get them to grow more of their own food. When it comes to NCDs, which the new Plan puts firmly on the governance agenda, the emphasis is on only one of the three fundamental components of the NOURISHING Framework; that is on behaviour-change communication rather than the food environment and the food system. The country's food safety plan is really the only document that takes a food system approach to understanding and mitigating risk. Otherwise, there is little evidence that underlying food system and food environment drivers and determinants are understood or will be acted upon.

As this paper argues, food and nutrition security policies and mitigation strategies are the domain of national not local government. It is important for projects such as the Hungry Cities Partnership, with their city-level focus, to appreciate that in countries such as Namibia centralized national government has the power and resources to set and implement policy while local city-level government, by comparison, is relatively weak with a mandate to implement those policies and to exercise policy-making autonomy only on a narrow range of issues defined by the Local Authorities Act. These responsibilities include water, sewerage and drainage, cemeteries, streets and public places, electricity and gas, public transport, housing schemes, immovable property, and rates. The proposed NAFSAN food security governance organogram (Figure 2) clearly reflects this hierarchical model of governance of national programmes. In addition, national government departments can implement policies and programmes in urban spaces without the approval, consent or even participation of local government. Thus, while the Khomas and Oshana regions and constituent urban centres have their own local government structures, they are expected to facilitate the implementation of national plans and programmes such as the Multisectoral Strategic Plan for Prevention and Control of NCDs.

The Local Authorities Act makes few references to food, and no Namibian town or city has developed a food policy. None have their own structures and personnel dedicated to addressing food insecurity or NCDs. However, the Act does give municipalities (under Section 94) power to issue regulations on issues such as the obstruction of streets and public places; soliciting or touting for employees or for business or trade; regulation, control, maintenance and use of markets and sales to the public at such markets; regulation of the erection and construction of depots or cold storage works for the storage of meat, milk and food intended for public sale; prohibition, restriction, regulation and control of any trade or occupation or other activity for gain; and regulation and control of the removal of persons illegally conducting any business, occupation or other activity for gain, and the impounding of goods, including the disposal of impounded goods. The policing of the informal food sector and the establishment of food markets therefore fall under the control of local government, subject to national ministerial approval and publication in the Government Gazette. As we have suggested, the municipalities have exercised these powers to try to control the spatial extent of informal food vending and to construct open markets.

Given the highly circumscribed legislative mandate and responsibility of local government, it is therefore testament to officials (particularly in the Windhoek Mayor's Office) that they have recognized and sought to address, with very limited resources, the specific challenges of urban food and nutrition insecurity. With the support of various external organizations, Windhoek is one of a small number of cities that actively investigated the applicability of various alternative models of urban food system governance. The City is a signatory to the Milan Urban Food Policy Pact (which lays out over 30 recommendations including the development of a food policy) and actively engaged with the talismanic Belo Horizonte, Brazil, model of urban food governance through official exchanges and conclusion of an MOU between the two cities. To date, the City of Windhoek has not been in a position to emulate Belo Horizonte or to put the recommendations of the Milan Pact into action. In the absence

of a well-developed food policy plan, Windhoek has fallen back on the conventional wisdom that urban agriculture is a panacea for food insecurity and that community gardening projects need to be developed and supported; this in a climate that is not conducive to urban agriculture and in the face of widespread lack of interest at the household level, especially in poorer urban communities.

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