

## **The UNCT Maps on the UNPAF's Four Pillars**

The Office of the Resident Coordinator, with the support of the UNPAF M&E group developed a set of maps around the four pillars of UNPAF, namely: Institutional Environment, Education and Skills, Health and Poverty.

The maps are based on the 2001 and 2011 Population and Housing Censuses, Namibia Demographic and Health Survey (2013), Namibia Index of Multiple Deprivation and Poverty Mapping (2011), Namibia Food Security Monitoring bulletin (2015) of the Directorate of Disaster Risk Management of the office of the Prime Minister and the Education Management Information System (2011-2012).

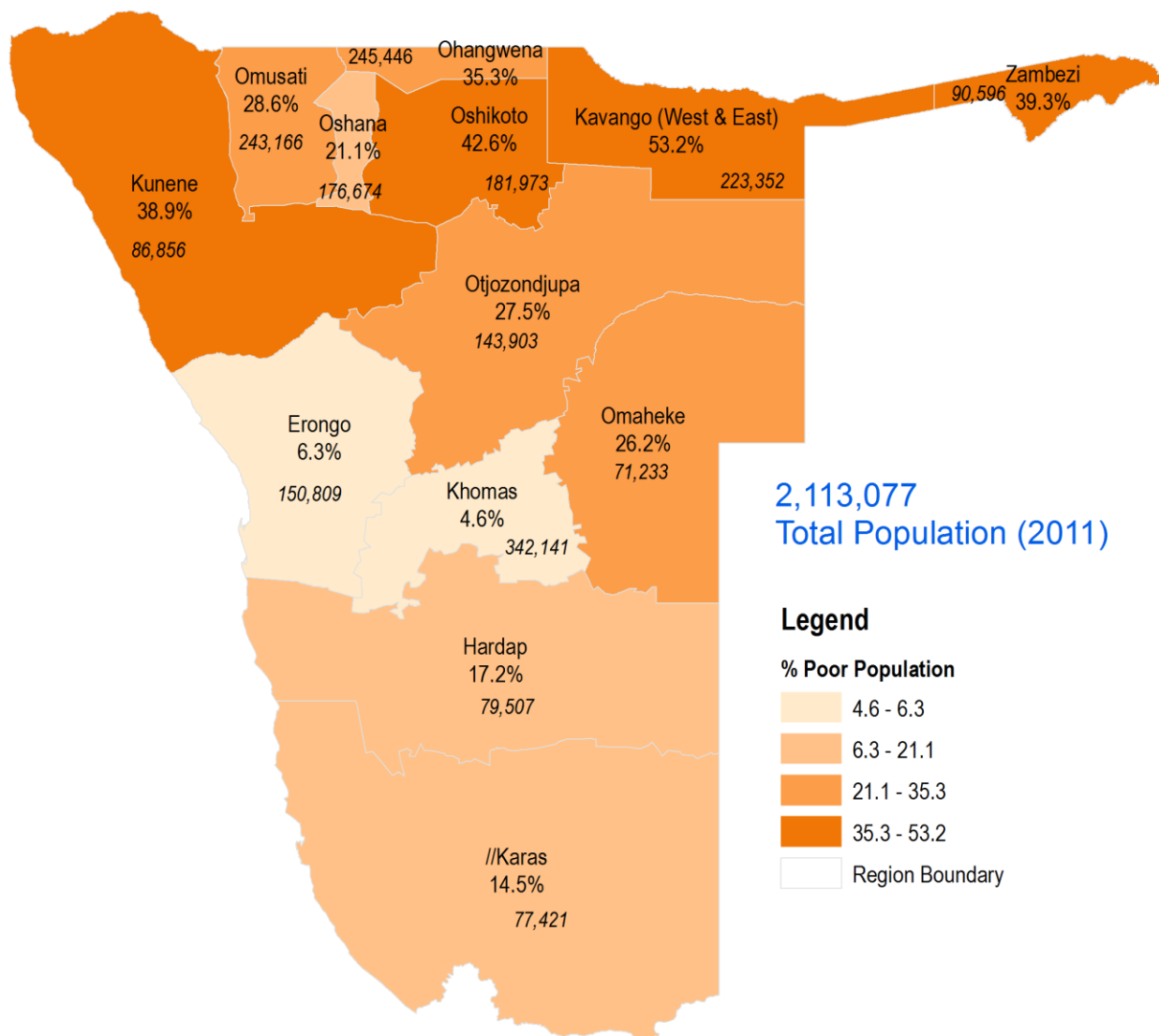
The following maps were compiled namely: Education Deprivation (School Attendance), Education Access and Results, Infant Mortality (Stunting and Teenage Pregnancy), Overall Health Rank (Diabetes and Hypertension), HIV/AIDS and Non-Communicable Diseases (Diabetes and Hypertension), Overall Health Rank, Drought (Food Insecurity), Poverty (Material and Living Environment Deprivation), Employment Rate, Water and Sanitation and Population. The maps were compiled from a total of 22 indicators.

# UNITED NATIONS RESIDENT COORDINATOR'S OFFICE, NAMIBIA

NAMIBIA

Poverty Map

UNCT



Poverty is defined as the number of households who are unable to afford sufficient resources to satisfy their basic needs. The regional level poverty is defined as the percentage of the population within a region whose annual income consumption is below the poverty line. The poverty line is defined as the minimum income level for determining the proportion of the population living in poverty.

An individual is considered to be "poor" when the annual per adult equivalent consumption is below the upper bound ("poor" - N\$4 535.52 ) poverty line. When the annual per adult equivalent consumption is below the lower bound ("severely poor"- N\$ 3 330.48) poverty line, an individual is considered to be "severely poor".

The Kavango region (53.2%) was recorded as the most poor region followed by Oshikoto (42.6%), Zambezi (39.3%) and Kunene (38.9%). The lowest incidence of poverty was recorded in Khomas (4.6%) Erongo(6.3%), Karas(14.5%), Hardap(17.2%) and Oshana (21.1%).

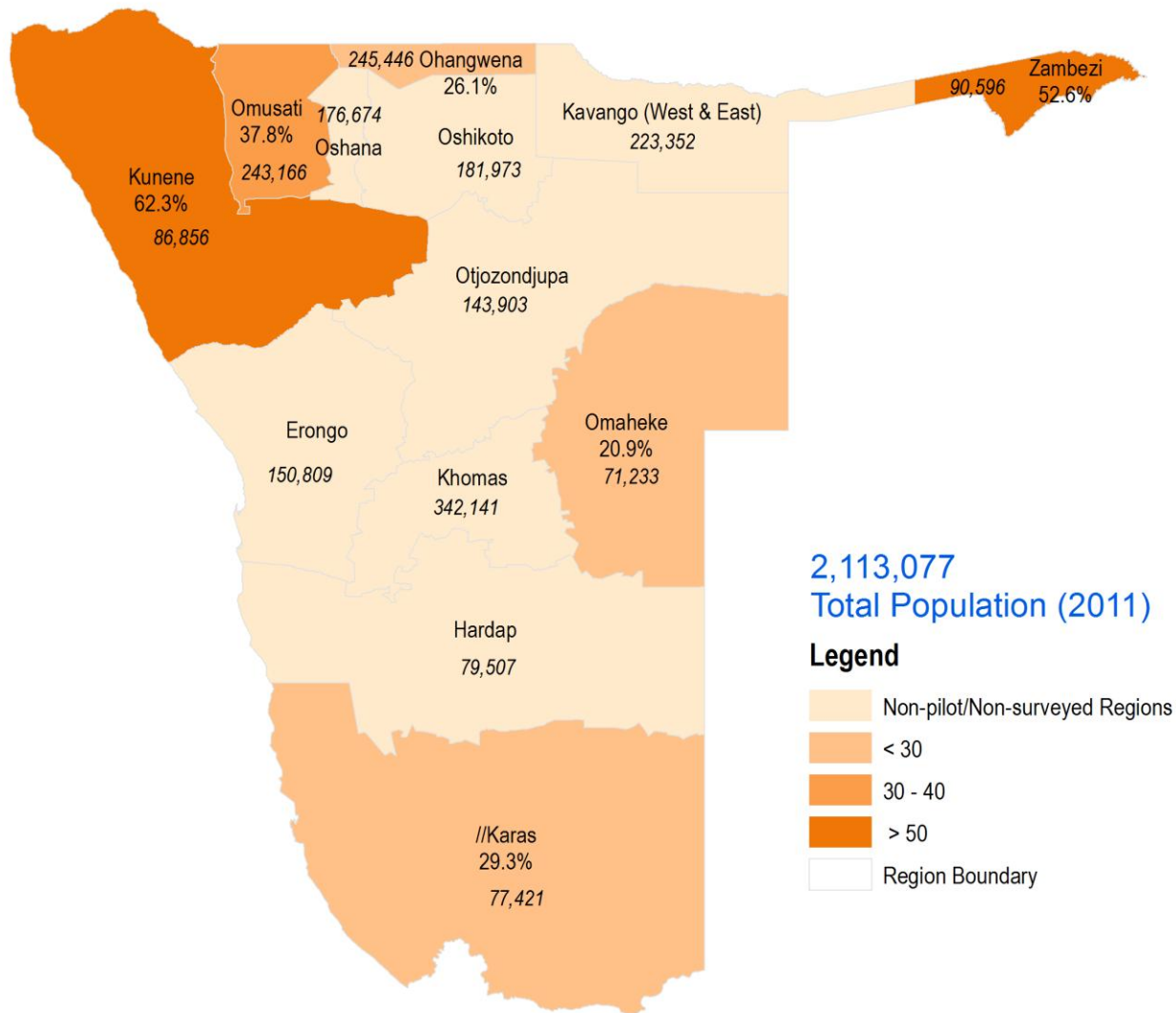
**Map data source(s):**  
Namibia Population and Housing Census (2011) and Namibia Poverty Mapping (2011).

**Disclaimer:**  
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Produced by RCO Namibia, email:martha.wilhelm@one.un.org

Date 4 November 2015





Namibia has fourteen regions and six pilot regions were surveyed. According to the preliminary results of the Namibia Food Security Monitoring Bulletin of the Directorate of Disaster Management, the regions affected by food insecurity (uncertainty and lack of availability of nutritionally adequate foods) for the lean season 2015 were //Karas (29%), Omaheke (21%), Omusati (38%), Ohangwena(26%), Zambezi (53%) and Kunene (62%).

The two regions Zambezi and Kunene had the highest number of food insecure people in October 2015. The food security situation in the six pilot regions worsened due to drought.

**Map data source(s):**  
The Office of the Prime Minister, Directorate Disaster Risk Management (2015).

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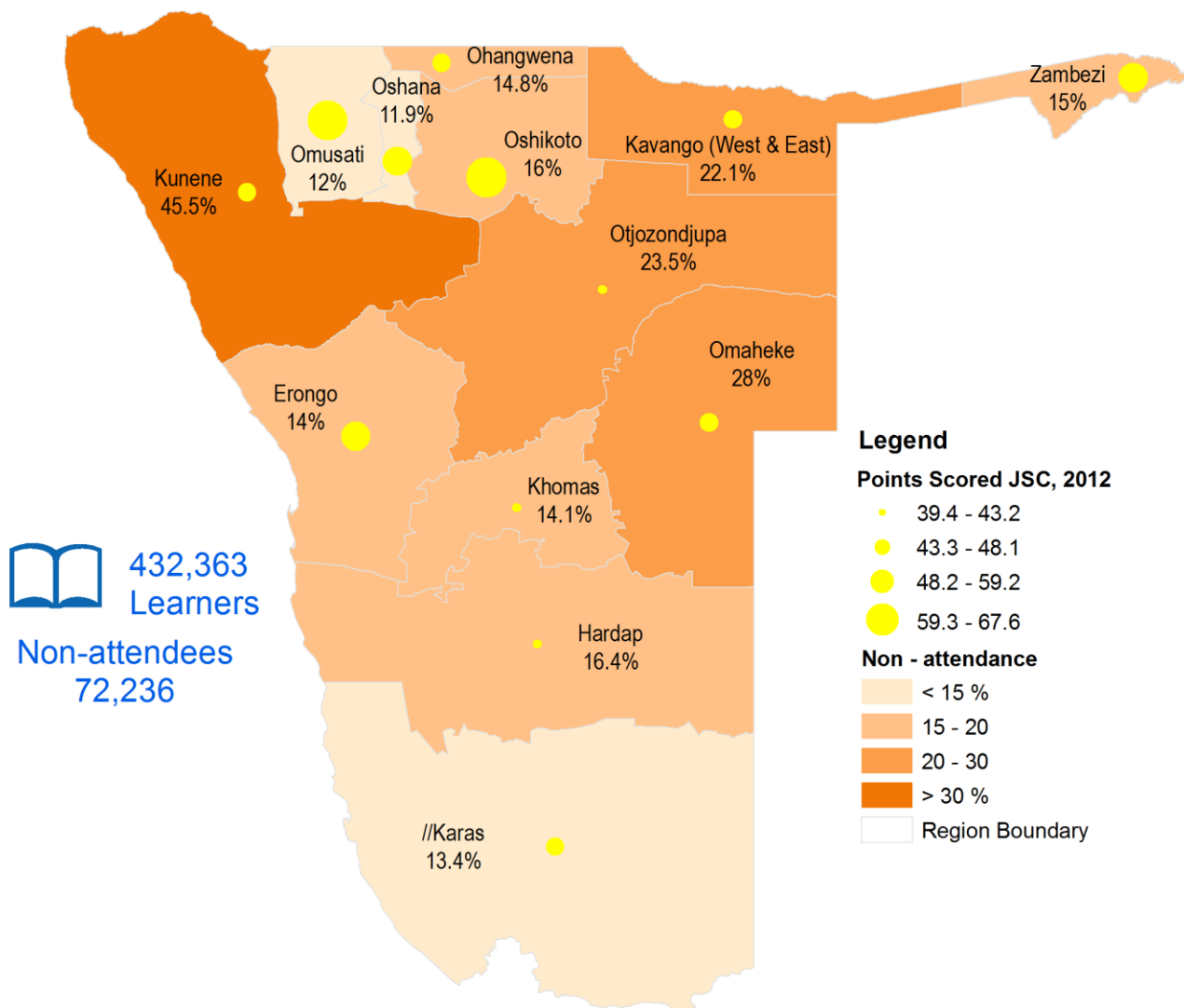



# UNITED NATIONS RESIDENT COORDINATOR'S OFFICE, NAMIBIA

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Education Access and Results Map

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 **432,363**  
Learners  
**Non-attendees**  
72,236

### Legend

#### Points Scored JSC, 2012

- 39.4 - 43.2
- 43.3 - 48.1
- 48.2 - 59.2
- 59.3 - 67.6

#### Non - attendance

- < 15 %
- 15 - 20
- 20 - 30
- > 30 %
- Region Boundary

Namibia had a total of 432,363 learners attending school in 2011, aged 7-17 years with a low pass rate for most regions. The highest pass rate was in Oshikoto (68%) in terms of the percentage of points scored and the lowest was Hardap (39%).

Non-attendance refers to the percentage of 7-17 years-olds who have never been to school, have left school, were attending other education programmes (pre-primary or adult education programmes) or could not respond.

72,236 learners of the population were not attending school in 2011. The regions with the highest level of non-attendance were Kunene (45.5%) and Omaheke (28%), Oshana (88%) and Omusati (88%) regions were the highest in terms of school attendance.

#### Map data source(s):

Namibia Demographic and Health Survey (2013), Education Management Information System (2011-2012) - Ministry of Education and Namibia Population and Housing Census (2011).

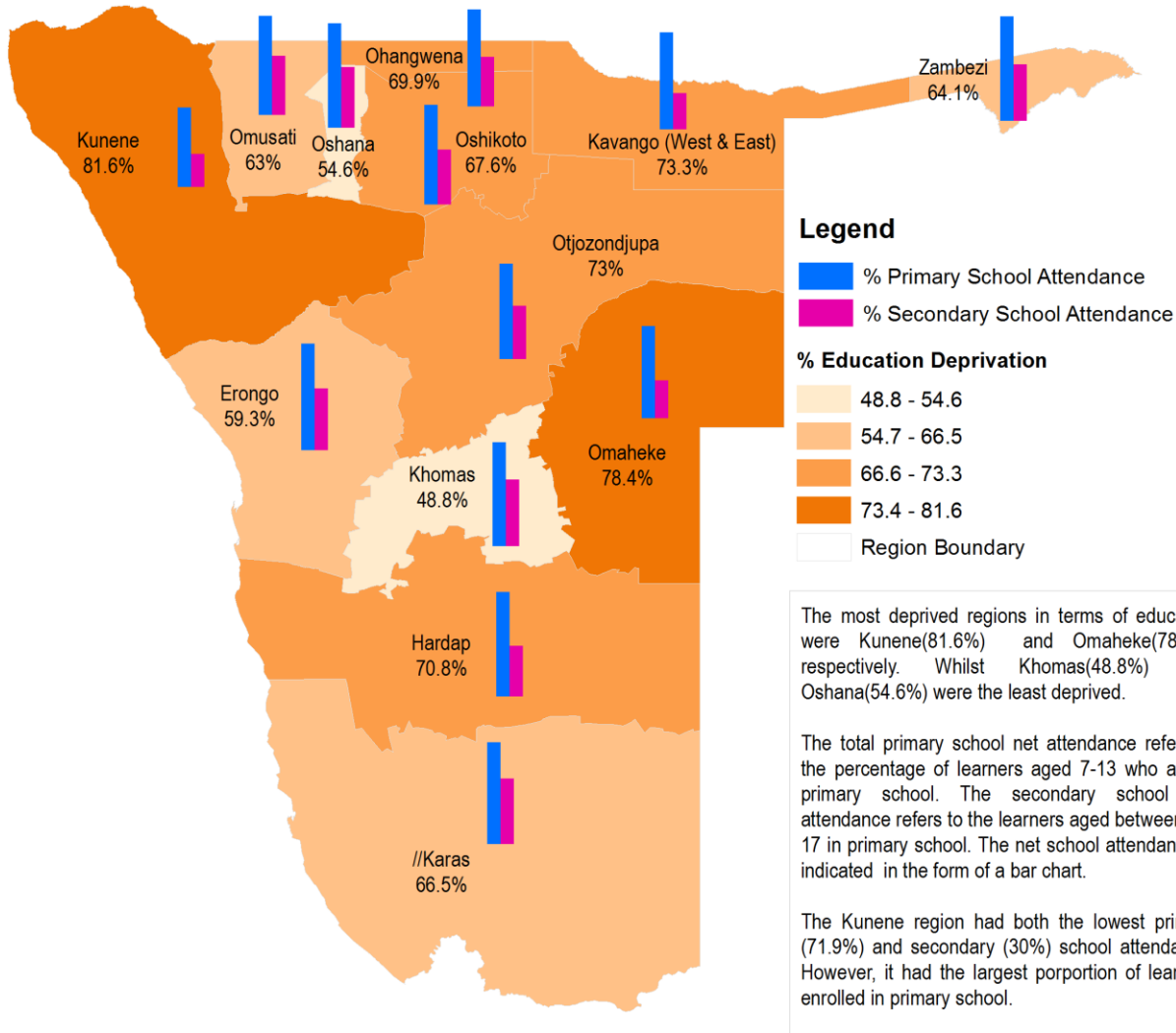
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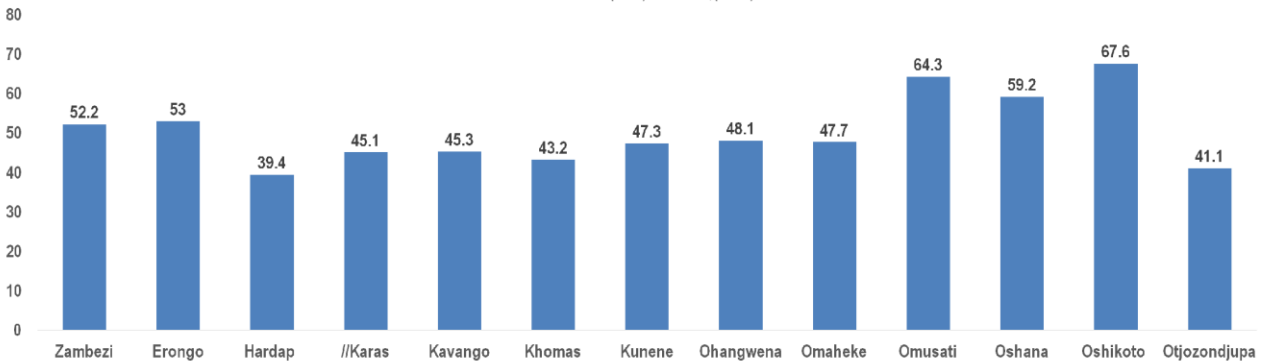
NAMIBIA

Education Deprivation (School Attendance)

UNCT

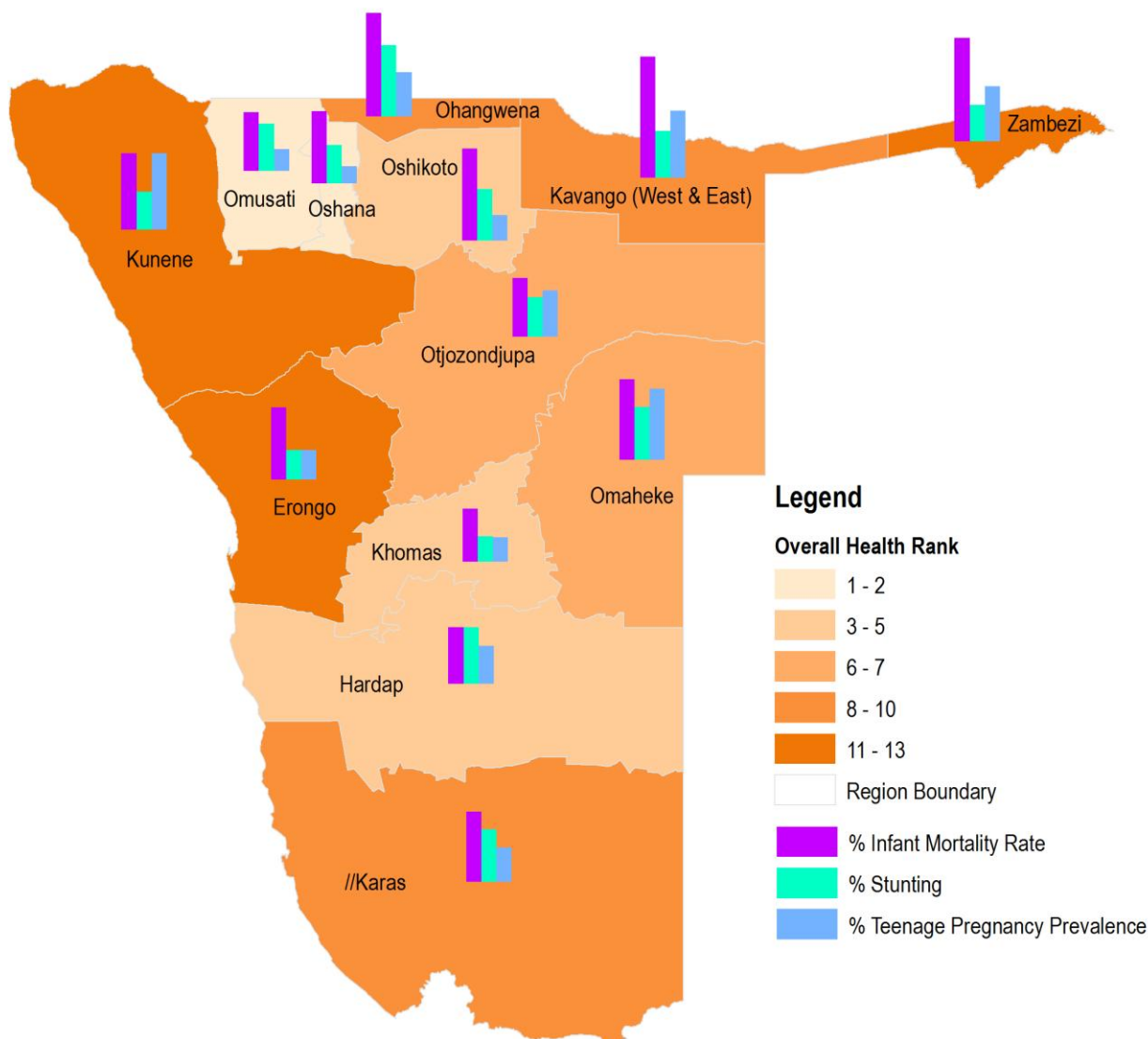


Points scored (JSC) Grade10,(2012)



**Map data source(s):** Namibia Demographic and Health Survey (2013), Namibia Index of Multiple Deprivation and Poverty Mapping (2011) and Education Management Information System EMIS, Ministry of Education (2012).

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The overall health rank was derived from the combined values of the following six indicators namely: HIV, Diabetes, Hypertension, Stunting, Teenage Pregnancy & Infant Mortality.

Each indicator has a value between 1 and 13, where 1 is the best rank and 13 the lowest rank. The regions with the largest combined values have the lowest rank. Kavango (62%) had the highest Infant Mortality rate and Khomas (27%) the lowest.

The total percentage of women aged 15 -19 who had begun childbearing was highest in Kunene (38.9%) followed by Omaheke(36.3%) and Kavango (34.4%) respectively. The Oshana region (9%) had the lowest Teenage Pregnancy Prevalence.

Stunting: Ohangwena (36.5%) region had the highest number of cases of children who were malnourished followed by Hardap (29.1%) and //Karas (27%).

**Map data source(s):**  
Namibia Population and Housing Census (2011) and Namibia Demographic and Health Survey (2013).

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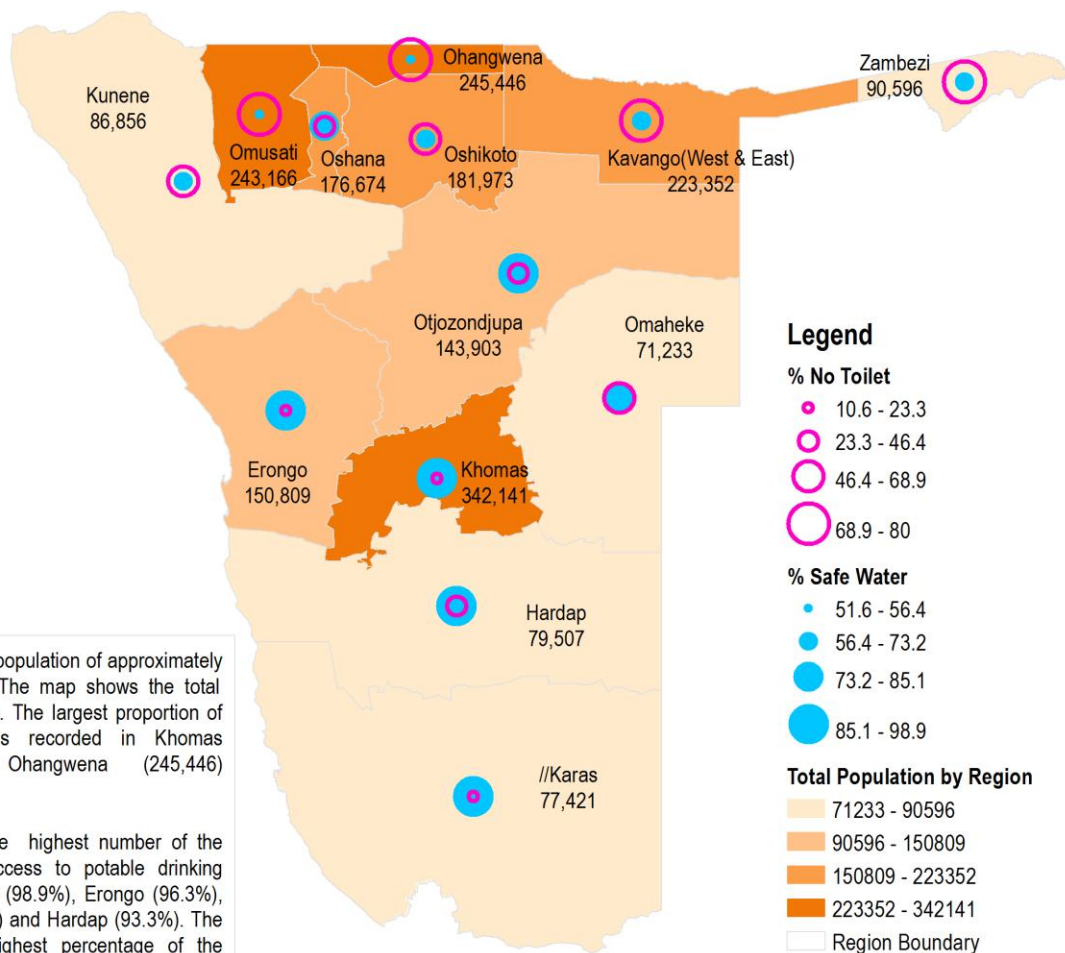


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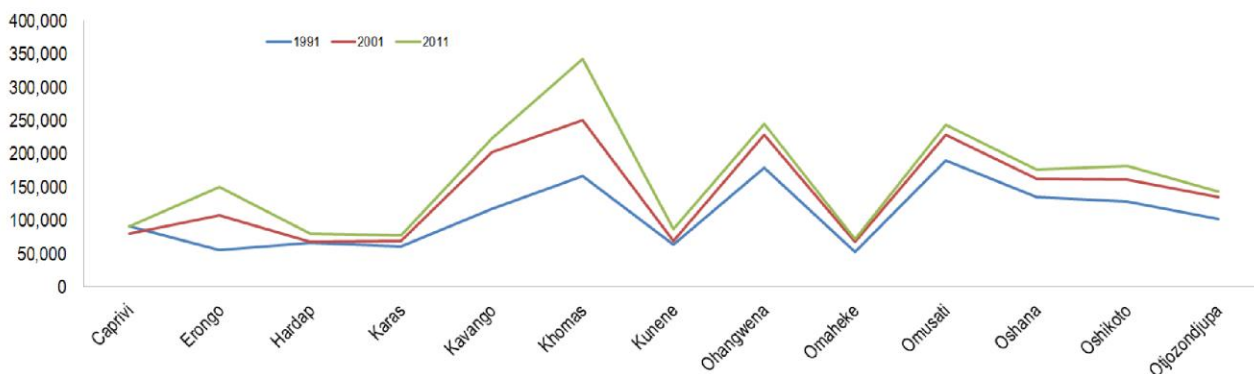
Water and Sanitation

UNCT



Namibia had a total population of approximately 2,113,077 in 2011. The map shows the total population by region. The largest proportion of the population was recorded in Khomas (342,141) and Ohangwena (245,446) respectively.

The regions with the highest number of the population with access to potable drinking water were Khomas (98.9%), Erongo (96.3%), Otjozondjupa (94.5%) and Hardap (93.3%). The regions with the highest percentage of the population which had no toilets are Omusati (80%), Ohangwena (77.9%), Kavango (74.7%) and Zambezi (73.5%).



**Map data source(s):**  
Namibia Population and Housing Census (1991,2001 and 2011).

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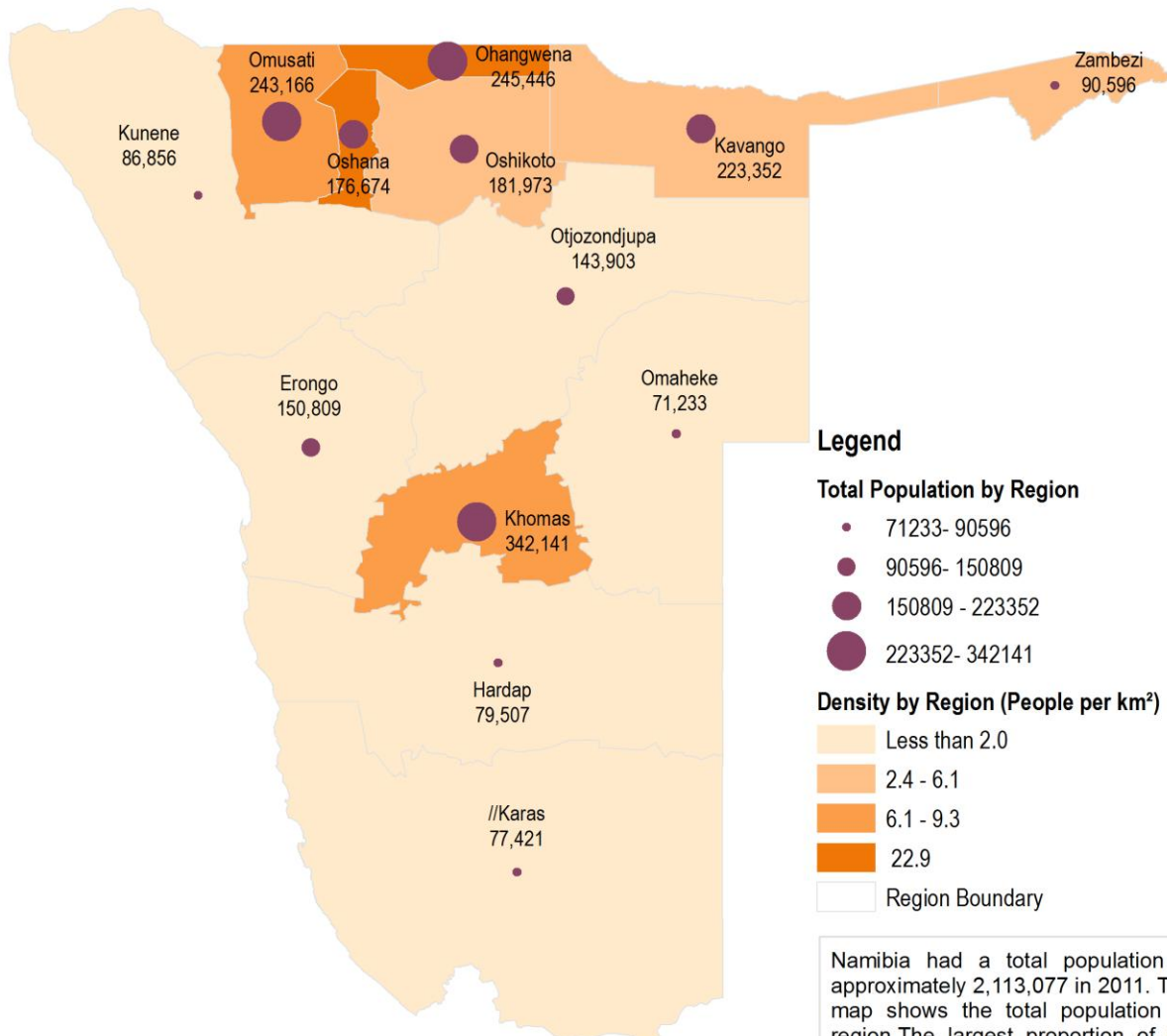


# UNITED NATIONS RESIDENT COORDINATOR'S OFFICE, NAMIBIA

NAMIBIA

Total Population by Region

UNCT



**Legend**

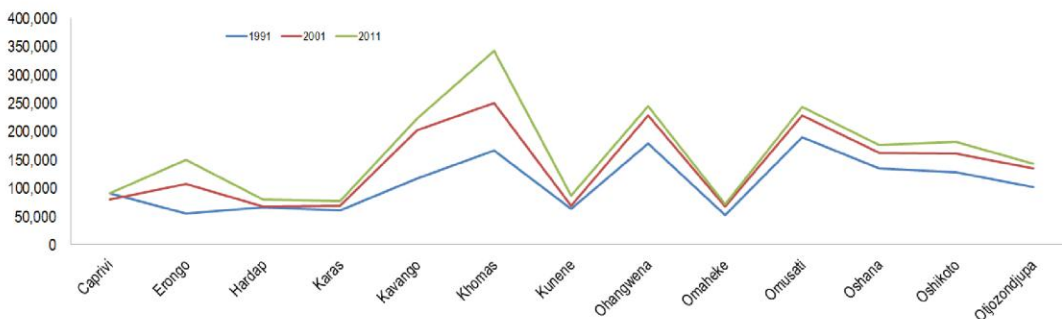
**Total Population by Region**

- 71233- 90596
- 90596- 150809
- 150809 - 223352
- 223352- 342141

**Density by Region (People per km<sup>2</sup>)**

- Less than 2.0
- 2.4 - 6.1
- 6.1 - 9.3
- 22.9
- Region Boundary

Namibia had a total population of approximately 2,113,077 in 2011. The map shows the total population by region. The largest proportion of the population was recorded in Khomas (342,141) and Ohangwena (245,446) respectively.



**Map data source(s):**  
Namibia Statistics Agency( Namibia Population and Housing census, 1991, 2001, 2011),

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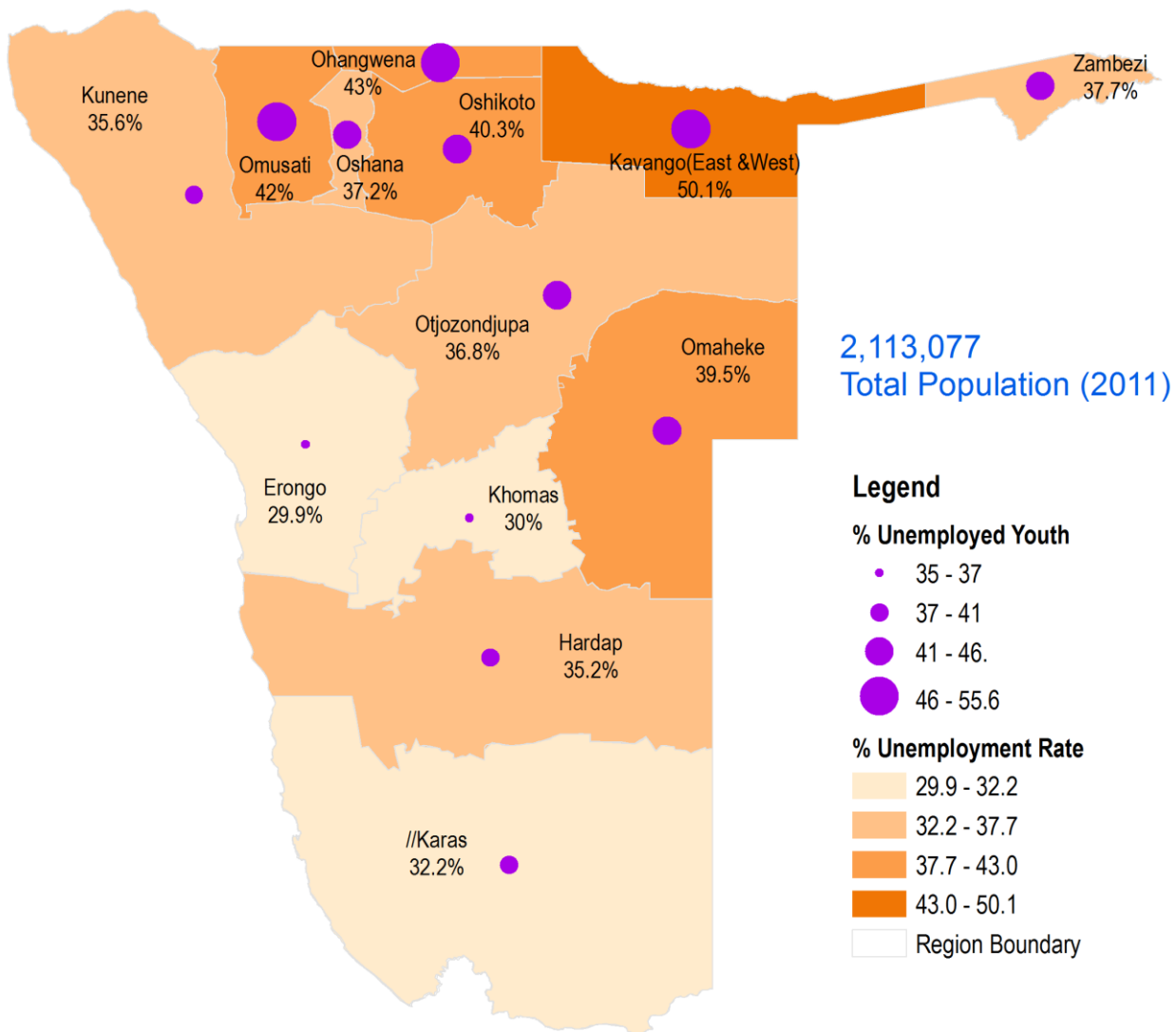
Date 4 November 2015

# UNITED NATIONS RESIDENT COORDINATOR'S OFFICE, NAMIBIA

NAMIBIA

Unemployment Rate

UNCT



The percentage of the unemployed population aged 15 and older and the total percentage of unemployed youth aged 15 - 35 by region is illustrated. The regions with the highest unemployment rate are indicated by the darker colour shading.

The circles represent the youth unemployment rate; the larger the circle the higher the youth unemployment is and the smaller the lower the youth unemployment rate.

Kavango had the largest population of unemployed youth aged 15 -35 and the highest unemployment rate. The Erongo region has the least number of unemployed youth and the lowest overall unemployment rate in the country.

**Map data source(s):**  
Namibia Population and Housing Census (2011).

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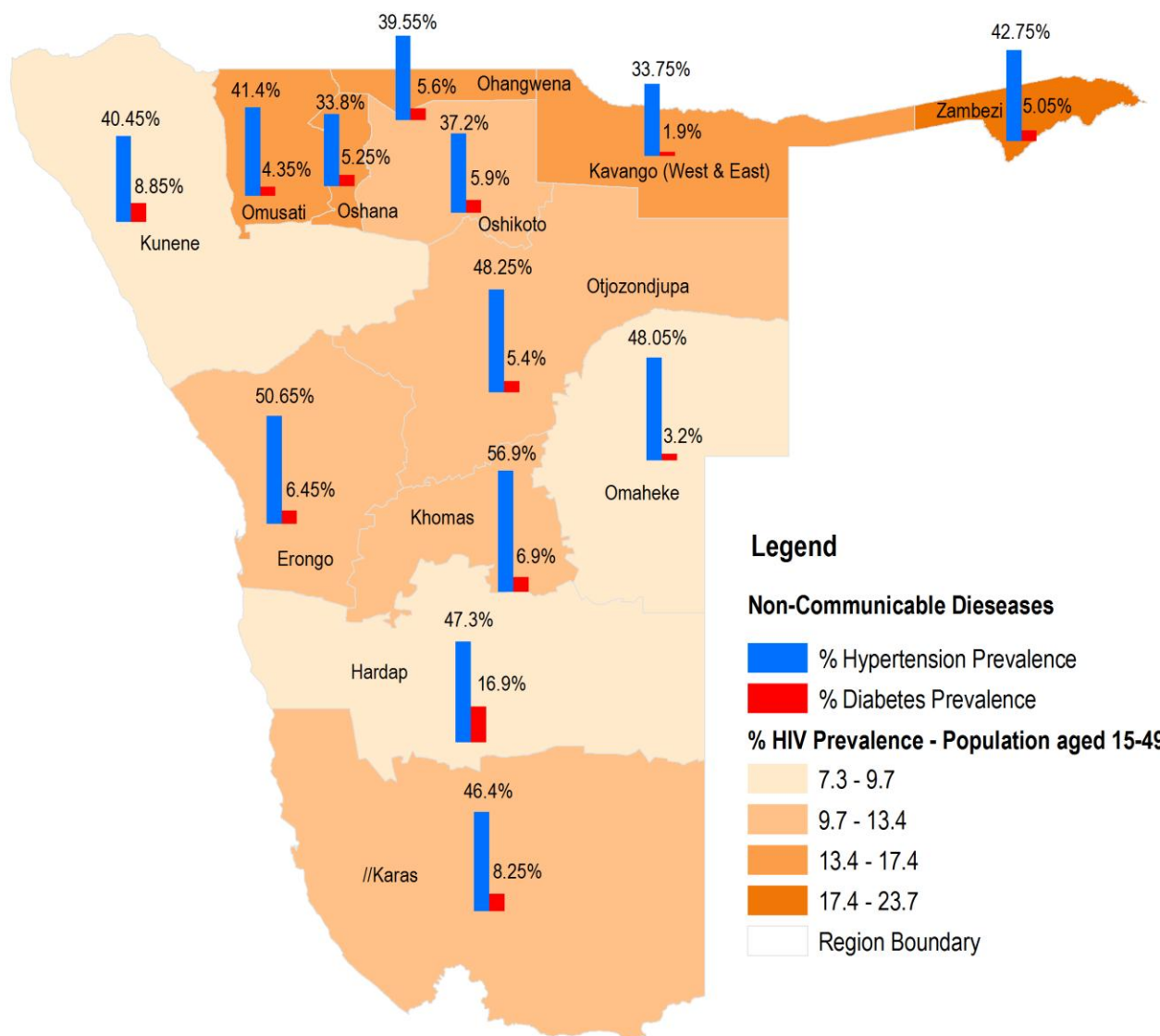


# UNITED NATIONS RESIDENT COORDINATOR'S OFFICE, NAMIBIA

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HIV & Non-Communicable Diseases

UNCT



### Legend

#### Non-Communicable Diseases

■ % Hypertension Prevalence

■ % Diabetes Prevalence

#### % HIV Prevalence - Population aged 15-49

■ 7.3 - 9.7

■ 9.7 - 13.4

■ 13.4 - 17.4

■ 17.4 - 23.7

□ Region Boundary

The highest Prevalence of HIV/AIDS cases for the population aged between 15-49 were recorded in Zambezi (24%), Ohangwena (16%), Oshana (16%), Erongo (17%) and Kavango (17%) respectively. The regions which had the lowest Prevalence of HIV/AIDS in 2013 were Kunene (10%), Omaheke (7%) and Hardap (8%).

In terms of Non-communicable diseases; Hypertension had the highest Prevalence by region compared to Diabetes with the lowest Diabetes Prevalence rate. The regions with the highest Prevalence rate of Hypertension were Khomas (57%) and Erongo (51%).

The highest Prevalence of Diabetes were recorded in Hardap (17%) and the lowest Prevalence in Kavango (2%) and Omaheke (3%). The Prevalence of Hypertension was recorded the lowest in Kavango and Oshana (34%).

#### Map data source(s):

Namibia Population and Housing Census (2011) and Namibia Demographic and Health Survey (2013).

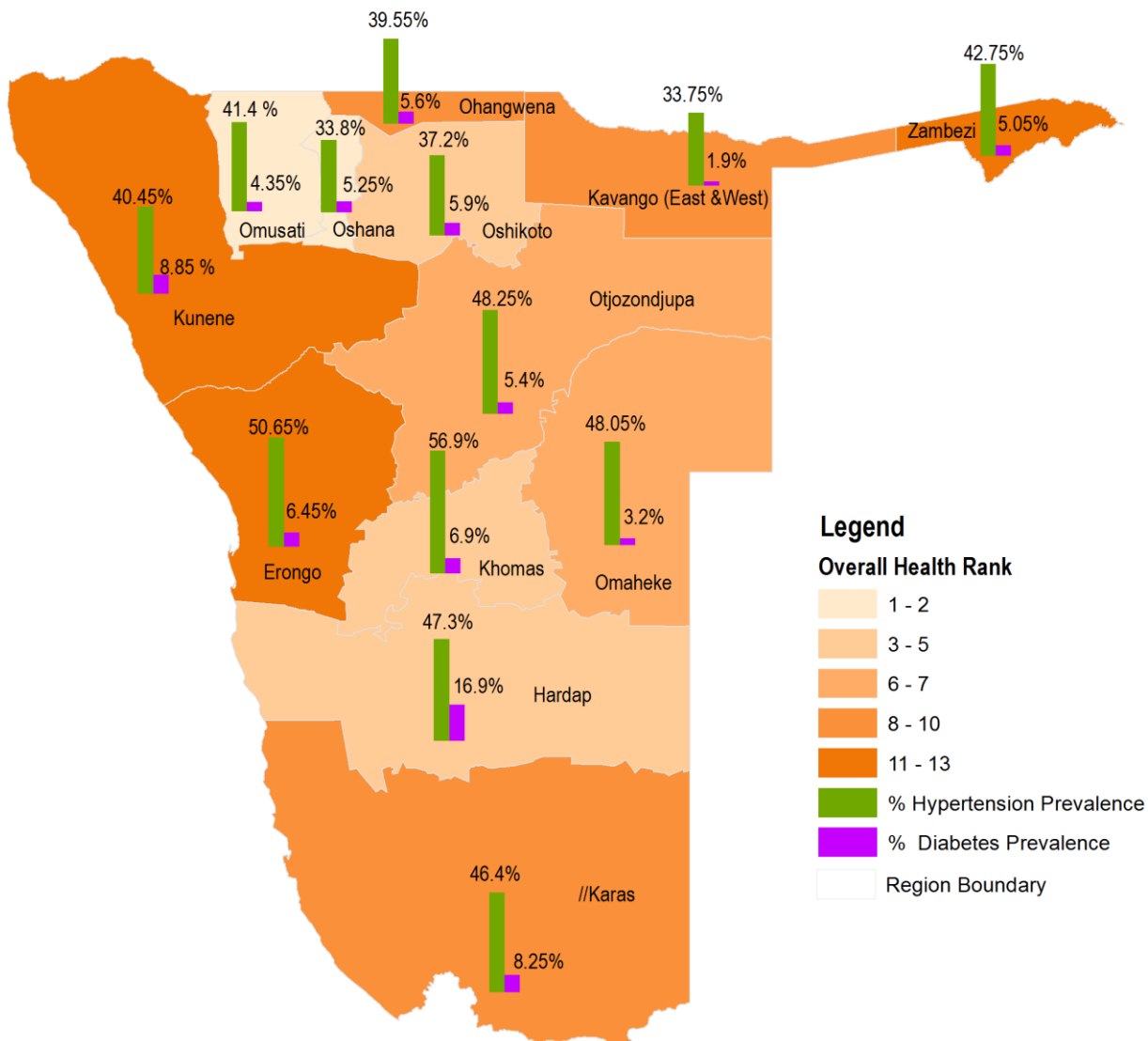
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# UNITED NATIONS RESIDENT COORDINATOR'S OFFICE, NAMIBIA

## NAMIBIA Overall Health Rank, Diabetes and Hypertension UNCT



The overall health rank was derived from the combined values of the following six indicators: HIV, diabetes, hypertension, stunting, teenage pregnancy and infant mortality.

Each indicator has a value between 1 and 13, where 1 is the best rank and 13 the lowest. The regions with the biggest combined values have the lowest rank. Ohangwena was ranked the highest in terms of health followed by Zambezi, //Karas, Hardap, and Kunene. Oshana was ranked the lowest, had the best performing regions based on the six indicators followed by Khomas and Omusati.

Khomas (56.9%) and Erongo (50.65%) had the highest number of hypertension cases reported while Oshana (33.8%) and Kavango (33.75%) had lowest. Hardap (16.9%) and Kunene (8.85%) had the highest cases of diabetes while Kavango (1.9%) and Omaheke (3.2%) the lowest.

**Map data source(s):**  
Namibia Population and Housing Census (2011) and Namibia Demographic and Health Survey (2013).

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