



A YEAR LIVING WITH COVID-19

Covid-19 Households and
Job Tracker Survey

2021

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1. KEY FINDINGS

The first case of COVID-19 was recorded in Windhoek on March 13th 2020 when a Romanian couple visited the country. Since then the virus has spread to all 14 regions of the country. A year later, NSA conducted a telephonic study to understand how Namibian households have coped living with the disease and the impact it has had on their everyday lives.



2. INTRODUCTION

Coronavirus disease 2019 (COVID-19) is a contagious respiratory illness caused by a novel coronavirus called the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). The virus is transmitted when droplets of saliva or nasal discharge from an infected person enters the eyes, nose, or mouth of an individual, through coughing, sneezing, breathing, talking, laughing etc. [1].

COVID-19 symptoms range from unnoticeable in asymptomatic individuals to life-threatening. Severe illness, hospitalization and death as a result of COVID-19 is more likely in elderly patients and individuals who have underlying medical conditions.

COVID-19 was first identified in December 2019 during an outbreak of the illness in Wuhan, China and has since spread around the World. The first cases of COVID-19 in Namibia were recorded in Windhoek on 13th of March 2020 when a Romanian couple visited the country. Since then the virus has spread to all 14 regions of the country. By 13th of April 2021 the total cumulative COVID-19 cases recorded were 45,949 and 586 COVID-19 deaths were recorded. Namibia, like many other countries around the world, underwent an economy shock since the beginning of COVID-19

in Namibia. In order to contain the spread of the virus the Namibian government introduced a number of measures including: social distancing in all shared spaces, mandatory wearing of face masks in public, regular hand washing, disinfecting surfaces and quarantining individuals who were exposed or symptomatic.

In addition, there were countrywide curfews, limitations on the number of individuals that could attend gatherings, restrictions of movement through partial and full lockdowns of the country, travel restrictions and in some cases closure of schools and businesses. The Namibian government also started a voluntary vaccination campaign on 19 March 2021, having received vaccine donations of Sinopharm and Oxford-AstraZeneca (COVID-19 vaccine sold under the brand names of Vaxzevria and Covishield) vaccines from China and India respectively [2].

The Namibia Statistics Agency (NSA) conducted a multi-disciplinary study to understand how COVID-19 and the measures taken by the government impacted households and individuals in Namibia. The study was conducted between 14 March 2021 and 13 April 2021, a year to the date when the first COVID-19 cases were publicly reported the Namibian Government.

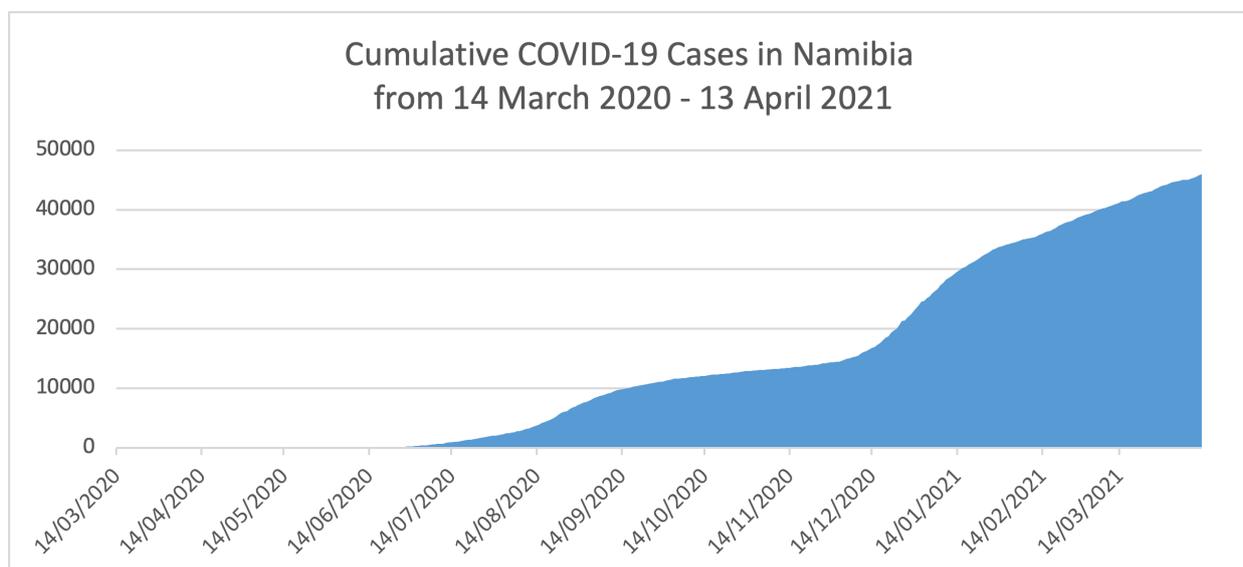


Figure 1: Cumulative COVID-19 Cases in Namibia (14 March 2020 to 13 April 2021)

3. METHODOLOGY

The Namibia COVID-19 Households and Job Tracker Survey was conducted between 14 March 2021 and 13 April 2021. The survey was conducted nation-wide with the purpose of providing basic information on the impact of COVID-19 on households and economic activity in Namibia. The survey covered key aspects of households and economic status during the COVID-19 outbreak such as: 1) Economic activities, 2) Income Loss 3), Food security, 4) Shock and Coping mechanisms, 5) Access to services and Education, 6) Perception on vaccine and 7) Behavior toward COVID-19.

3.1 Sampling and data collection

To monitor impact of COVID-19 at household level, a national sample was drawn from the responding households of the 2018 Labour Force Survey (LFS 2018). A national sampling frame was used in the design of the sample. The national sampling frame is a list of small geographical areas called Primary Sampling Units (PSU), created using the enumeration areas (EA) of which their demarcations are based on the 2011 Population and Housing Census. The frame units were stratified first by region, and then by Urban/Rural areas within the regions.

For the purpose of this survey, households that were selected were those with valid phone numbers. A total of 7002 households were selected and 3648 households were successfully reached and interviewed in both rural (54.2 %) and urban (45.8%) areas respectively with the response rate of 52.1 percent. Of the remaining households that could not be interviewed, more than 20 percent (Table 1) was due to cellphone numbers not existing or being unreachable.

The Data collection was done using the telephonic computer assisted interview (CATI) method using tablets devices and a software tool called Survey Solutions for data capture. Telephonic interviews were found to be the best-suited method of data collection during the COVID-19 pandemic as it complied with social distancing regulations introduced to curb the spread of the disease.

A total of 64 staff were recruited to conduct telephonic interviews, all enumerators were based in Windhoek and conducted calls from their homes. Monitoring measures were put in place to ensure that data quality was maintained throughout the process. Data collected was assessed daily through a supervisor data quality program and feedback was provided to the field staff for verification. During data cleaning, validations rules were developed and ran through the data before analysis was conducted. It was noted that contact details, especially numbers that did not exist any longer were a challenge during the field collection, which contributed to the 49 percent non-response rate.

4. HOUSEHOLD CHARACTERISTICS

Characteristics of the respondents for the survey. The primary respondent was the head of the households.

Table 2: Household characteristics

	Mean	Standard Deviation	Minimum	Maximum	Sample Size
Age (in years) – Household Head	49.2	15.3	13	117	3648
Urban (%)	54		0	1	3648
Disability (%)	32		0	1	3648
Female Headed households (%)	46		0	1	3648

4.1 Households that recorded at least one member with functioning difficulties

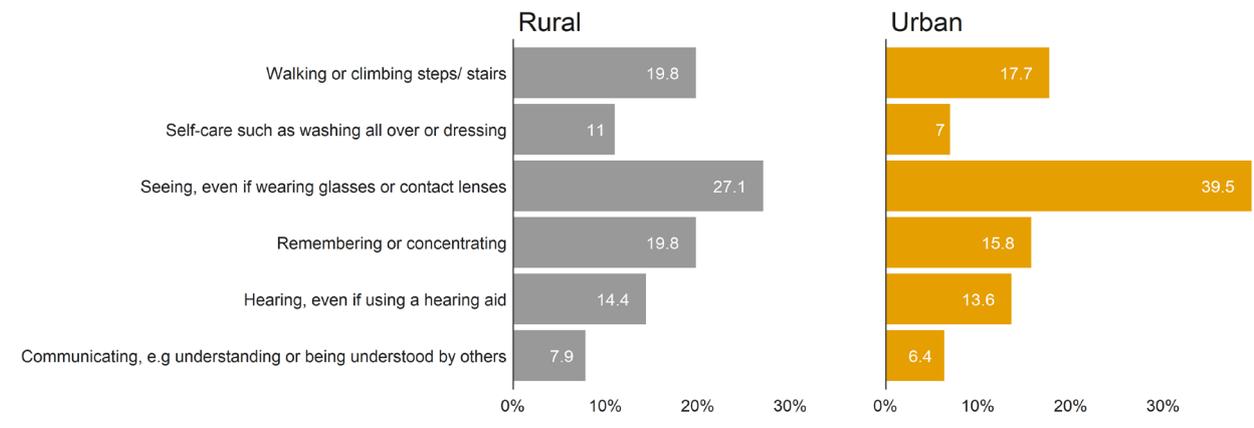
Out of all households interviewed, 29.4 percent (n=1071) reported that at least one member in their household had a difficulty in one of the six key functioning domains: 1) difficulty walking or climbing stairs, 2) difficulty with self-care such as washing all over or dressing, 3) difficulty seeing even if wearing glasses or contact lenses, 4) difficulty remembering or concentrating, 5) difficulty hearing even if wearing a hearing aid, and difficulty communicating e.g. understanding or being understood by others. Respondents were allowed to choose more than one domain as it applied to the household members.

The survey results show that a difficulty in seeing,

even if wearing glasses or contact lenses, was the most common in both urban (39.5 percent) and rural (27.1 percent) areas (see Figure 3). A difficulty in walking or climbing steps or stairs was reported by 17.7 percent of households in urban areas and 19.8 percent of households in rural areas. Communication difficulties, e.g. understanding or being understood by others, was the least reported difficulty in both rural (7.9 percent) and urban (6.4 percent) areas. The data shows that there were no significant differences between male and female headed households in terms of membership with certain difficulties. Similar to the National trends, Seeing was the most common functioning difficulty experienced in both male and female households, followed by walking or climbing steps and Cognitive sense is in the third place.

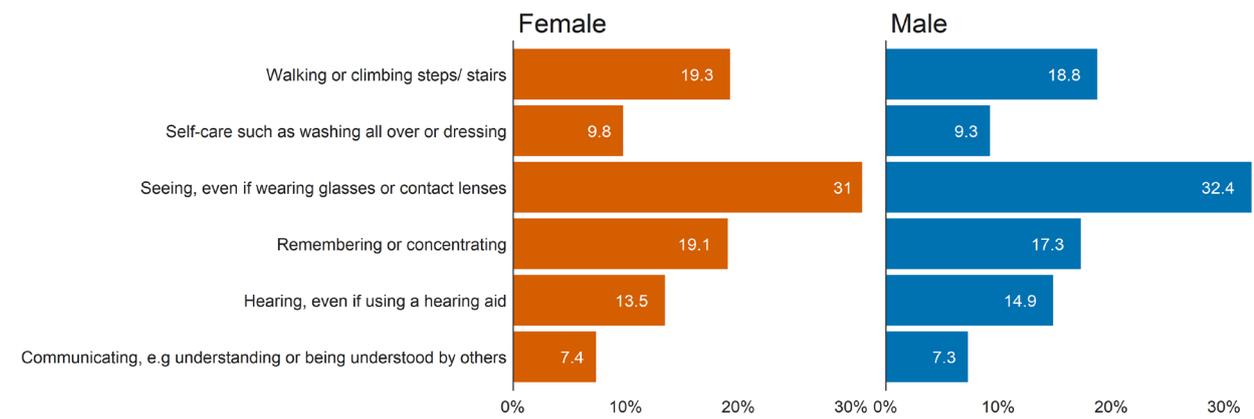
Functioning difficulties during Covid-19

Households recorded at least one members with functioning difficulties



Functioning difficulties during Covid-19

Households recorded at least one members with functioning difficulties by sex



Source: NSA

Figure 3: Proportion of households with a person with functional difficulties by sex and area

5. BEHAVIOURS

COVID-19 is transmitted when an individual comes into contact with an infected individual or surface. Therefore, individuals were encouraged to adopt a number of preventative measures such as wearing masks, social distancing, and continuously washing hands amongst others to avoid contracting the disease.

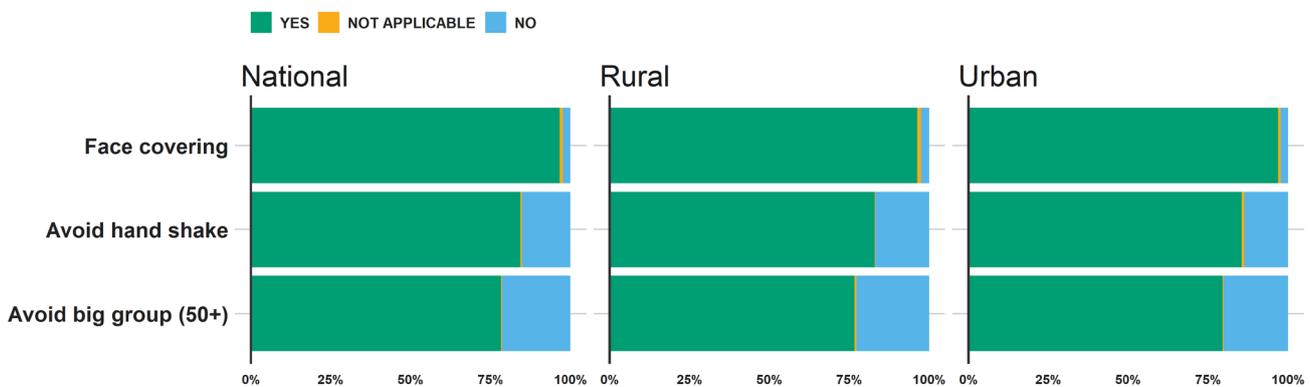
The survey collected information on any changes in the household member’s behaviour to adopt prevention measures for COVID-19. The reference period was seven days preceding to the survey, first week of March 2021. Most people had a behaviour change due to COVID-19 (see Table 3 [A-E]), with 86.1 percent reporting more frequent handwashing with soap and avoiding handshakes

or physical greetings (84.3 %). Over 90 percent reported to have covered their face when leaving the household. When it comes to social distance, 73.1 percent indicated that they always maintained distance.

A majority of the participants reported leaving their house during the reference period (67.3%), however 58.2 percent indicated that they were uncomfortable when doing so. An estimated 79.5 percent of respondents indicated they did not work from home during the period under review and a further 21.3 percent reporting that they participated in gatherings of 50 or more people such as family gatherings, parties, church, funerals etc.

Households behaviours during the pandemic

Whether in the last seven days, face covered, avoided handshakes & big crowds (50+)



Source: NSA

Figure 4: How households responded to face covering, crowds and handshakes during the pandemic

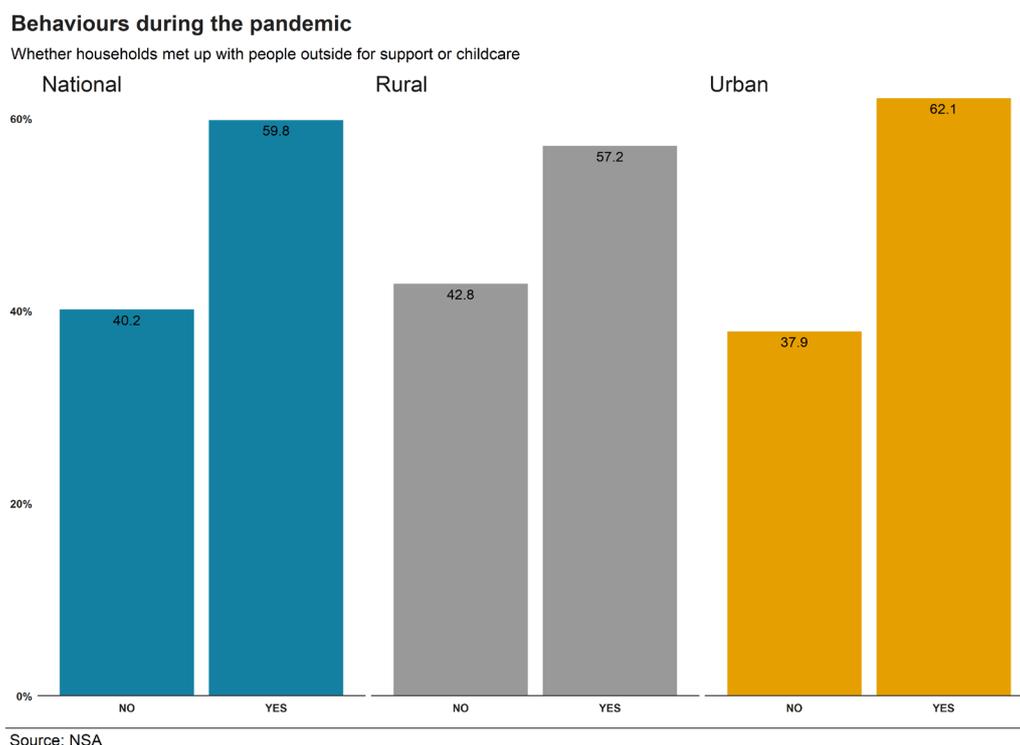


Figure 5: Households meeting up with people outside for support or childcare

Table 3. A-E: Summary of household behavioural changes during COVID-19 pandemic

A) In the past seven days, how often did you wash your hands with soap and water straight away after returning home from a public place.	National	Rural	Urban
Always	86.1	86.2	86.0
Often	8.0	7.8	8.1
Sometimes	4.5	4.5	4.5
Not Very Often	0.8	1.1	0.5
Never	0.2	0.3	0.2
Do Not Know	0.4	0.0	0.8

B) Households met up with people outside their household, support or childcare and how often they maintained social distancing.	National	Rural	Urban
Always	73.1	71.6	74.0
Often	10.2	9.9	10.5
Not very often	3.0	3.1	2.9
Sometimes	11.9	13.8	10.5
Never	1.3	1.3	1.4
Do not know	0.4	0.3	0.5
Prefer not to say	0.1	0.00	0.2

C) Whether in the past seven days HHs worked from home because of the Coronavirus (COVID-19) pandemic	National	Rural	Urban
Yes	17.4	16.7	18.1
No	79.4	80.3	78.7
Not applicable	3.1	3.00	3.2

D) Responses on how comfortable or uncomfortable Households felt about leaving their home due to the coronavirus (COVID-19) pandemic	National	Rural	Urban
Very comfortable	6.1	6.6	5.7
Comfortable	25.0	21.2	28.2
Neither comfortable nor uncomfortable	9.2	10.0	8.6
Uncomfortable	40.5	41.7	39.5
Very uncomfortable	17.6	18.9	16.4
Do not know	0.9	1.0	0.7
Prefer not to say	0.1	0.1	0.1
Not applicable	0.7	0.4	0.9

E) Whether in the past seven days Households left their home for any reason	National	Rural	Urban
Yes	67.4	60.9	72.9
No	32.2	38.7	26.8
Prefer not to say	0.1	0.1	0.2
Do not know	0.2	0.3	0.2

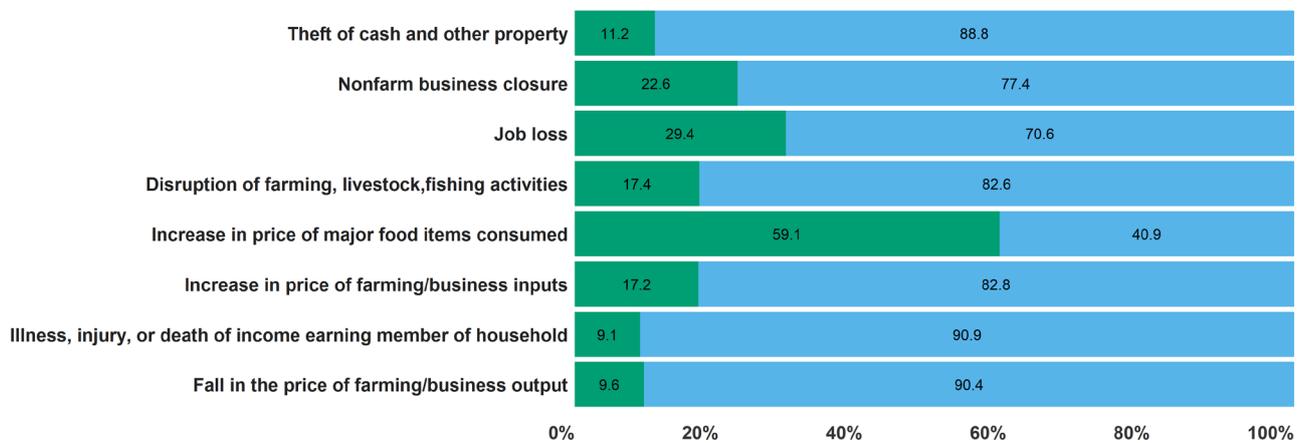
6. SHOCKS & COPING MECHANISMS

6.1 Shock events experienced by households since mid-March 2020

Head of households were asked to indicate which shocks they experienced since the outbreak of COVID-19 in mid-March 2020. The most widely mentioned shock was the increase

in the price of major food items consumed (59.1%), followed by job loss, which was experienced by 29.4% of households. On the contrary, illness, injury or death of the income-earning member of the household was the least experienced by households (9.1%).

Type of shocks experienced since mid-March 2020



Source: NSA

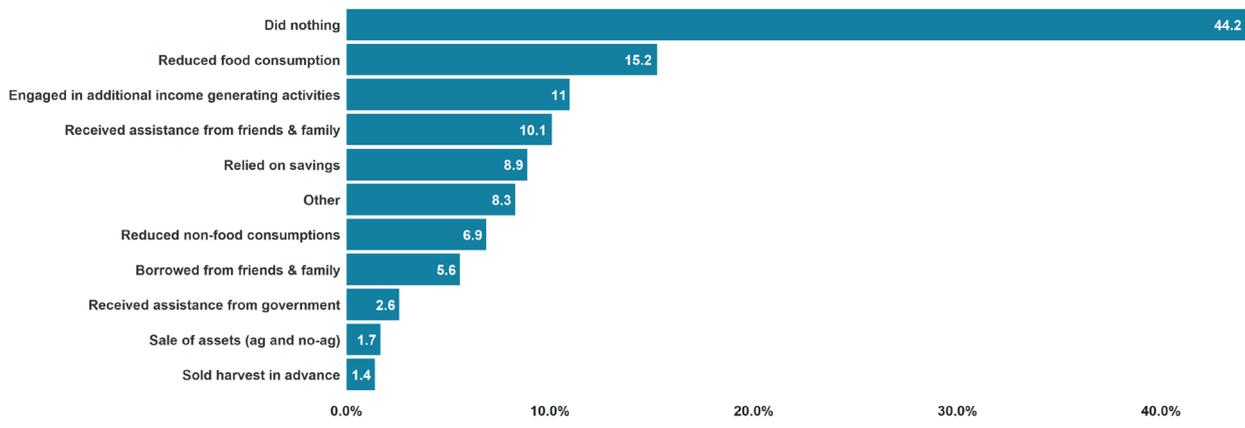
Figure 6: Shocks experienced by the households since the onset of COVID-19 in the country

6.2 Coping mechanisms to the shocks since mid-march 2020

Households were asked to select mechanisms they applied to cope with the shocks they identified. A household could select at most three (3) responses. Most of the households (44.2%) indicated that they did not do anything to cope with the impacts of COVID-19 since mid-March

2020. On the other hand, about 15.2 percent of households indicated that they tried to cope/adjust by reducing their food consumption. Eleven percent of households reported attempting to engage in additional income generating activities, while 10.1 percent and 8.9 percent received assistance from friends and family or relied on savings, respectively (see Figure 7).

How households coped since mid-March 2020



Source: NSA

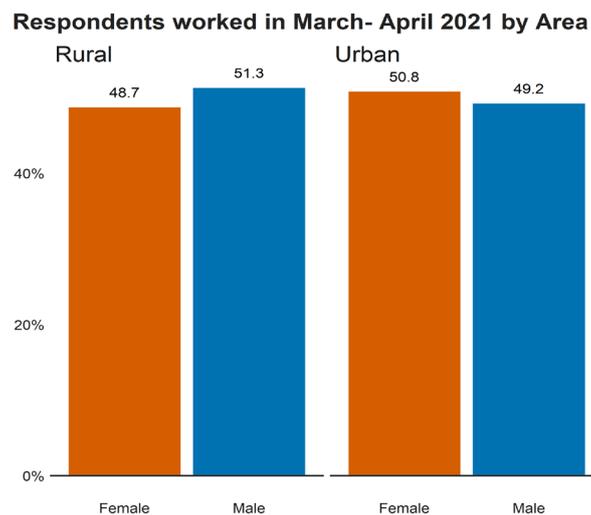
Figure 7: Household coping mechanisms to the experienced shocks

7. ECONOMIC ACTIVITIES

7.1 Employment status of respondents

Government regulations to curb the spread of COVID-19 such as the closure of borders, restrictions on movement, limitations on the number of individuals that could gather in the same venue and the closure of businesses such as gyms, restaurants, bars, casinos and clubs have impacted the Namibian economy.

During the survey a total of 10765 people aged 15 years and above were asked to indicate if they were engaged in any kind of economic activities the past seven days prior to the interview date. Of 10765 respondents, 31.7 percent (n = 3408) respondents indicated that they have worked in the past seven days. The proportion of females who worked in the past seven days is higher in urban areas than in rural areas (48.7%). The proportion of males who worked in the past seven days is higher in rural areas: 51.3 percent compared to males in urban areas 49.2 percent.



Source: NSA

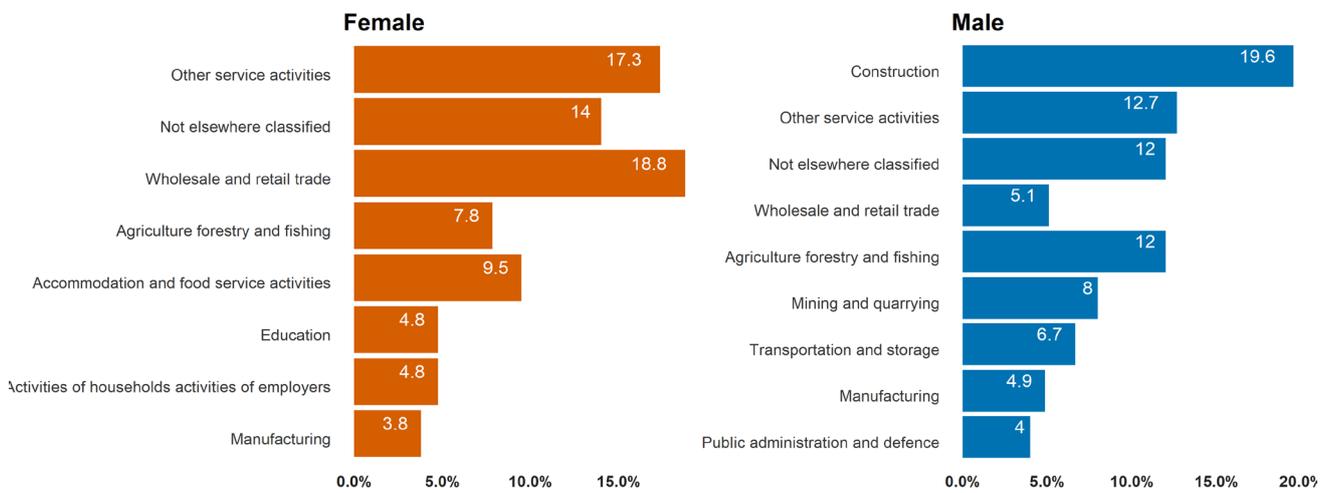
Figure 8. Employment status by sex and area.

7.2 People working before COVID-19 outbreak (mid- March 2020)

Respondents were also asked to indicate whether they had worked before the outbreak of COVID-19. A total of 7360 people responded to this question, of which 11.3 percent (n = 830, 427 males and 403 females) indicated that they worked before the outbreak. The majority of male

respondents (19.6%) worked in the construction industry, followed by other services activities with 12.7 % and then agricultural industry with 12.0%. The lowest proportion of males (4.0%) worked in the public administration. The majority of females (18.8%) had jobs in the wholesale and retail trade, (17.3%) were in other service activities, while the lowest proportion of females (3.8 %) indicated that they worked in the manufacturing industry.

Industry people employed in before Covid-19 by Sex



Source: NSA

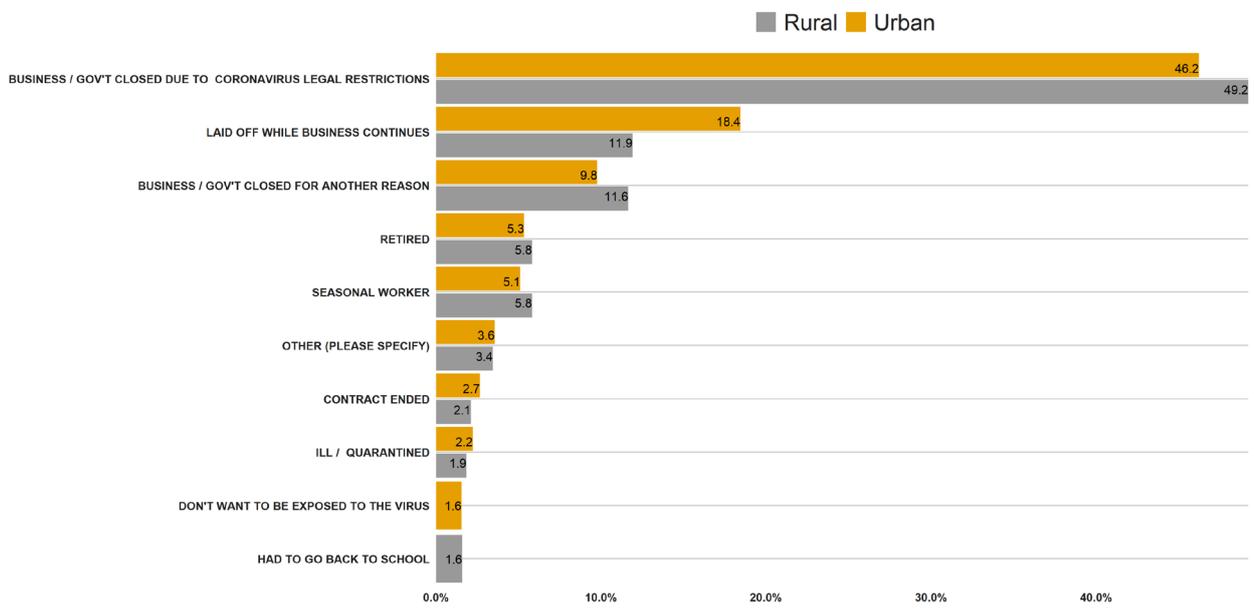
Figure 9. Percentage of people working in each respective industry prior to the COVID-19 outbreak (by sex).

7.3 Main reasons to job losses after COVID-19 pandemic outbreak

Figure 10 summarises the results, from 828 of the 830 people who responded to the previous question, indicating that they had to stop working after COVID-19 outbreak. The majority of respondents in both rural (49.2 %) and urban (46.2%) areas said they had to stop working

because of COVID-19 legislative restrictions that forced companies to close or halt their businesses. Despite government’s efforts to encourage employers to retain staff during the pandemic, a substantial share of people (18.4% in urban and 11.9% in rural areas) also reported being laid off while the business where they were previously employed continued to operate.

Main reasons to job losses since mid-March 2021



Source: NSA

Figure 10. Top ten reasons why people stopped working after COVID-19 outbreak by reasons and urban rural.

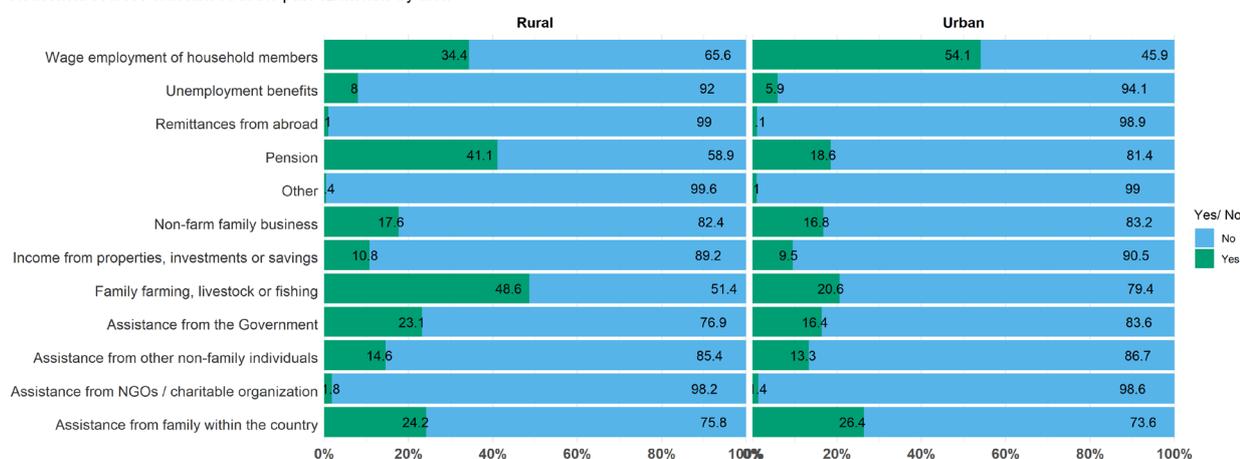
8. INCOME LOSS

8.1 Household sources of livelihood in the past 12 months

To understand the impact of the pandemic at the household level, heads of households were asked to indicate their main sources of household income or livelihood for the past 12 months. All the households (n =3648) answered this question. In

urban areas, 54.1% of households indicated wage employment of household members as their source of income and 26.4% depend on assistance from family members within the country. In rural areas, households mainly depend on farming, livestock or fishing (48.6%) and pensions (41%).

Household sources of livelihood in the past 12 months by area



Source: NSA

Figure 11. Household sources of livelihood in the past 12 months by area.

8.2 Household source of income by status mid-March 2020.

The survey asked the same households about the status of each of these sources of income since mid-March 2020. Figure 10 shows the share of respondents reported changes for each respective income source. Of those who reported non-farm family business as an

income source, 65.4 percent of respondents saw reductions in this source since mid-March 2020. Reductions were also substantial for income from properties, investments or savings (55.6%), and family farming, livestock or fishing (49.1%). In contrast, pensions (91.9 %) and assistance from the Government (65.7 %) were sources of income that stayed largely the same.

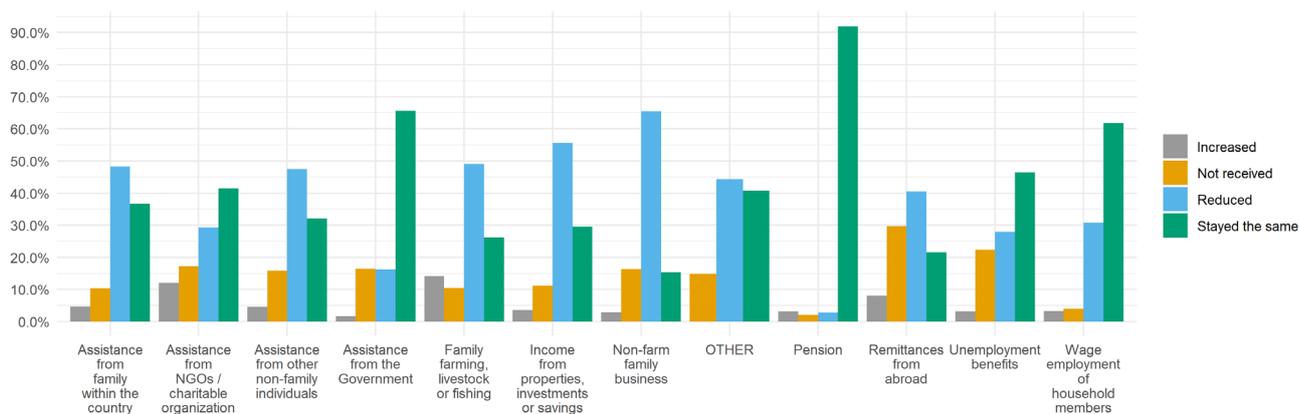


Figure 12. Income status by source since mid-march 2020.

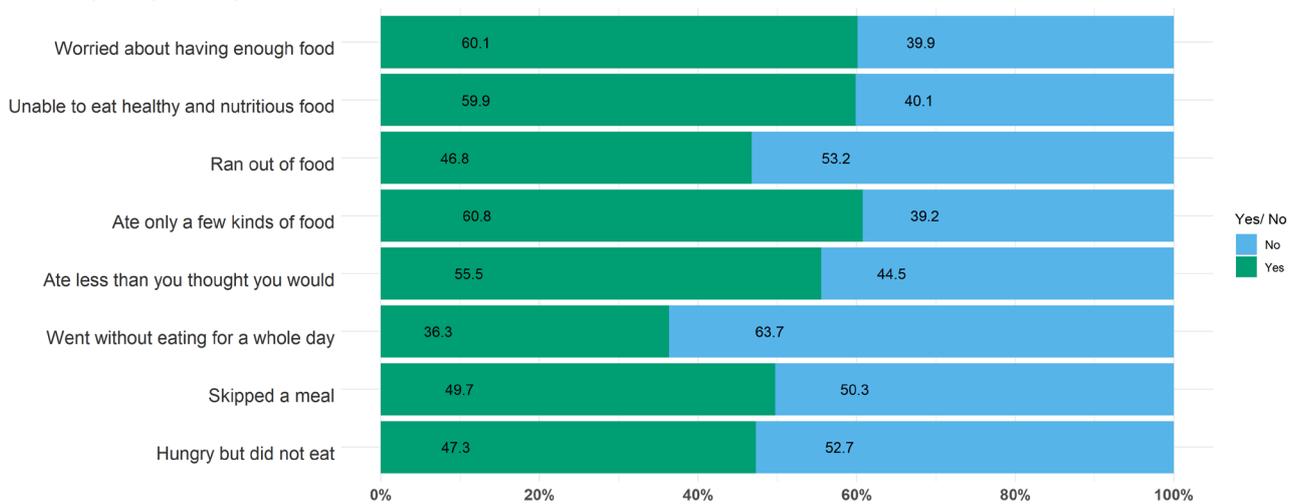
9. FOOD SECURITY

Food security, especially with the closure of the border between Namibia and its major import partner South Africa, was a major concern during the pandemic.

The survey tried to determine the food security of the households in the 30 days preceding the

survey. The study indicated that an estimated 60.1 percent of the interviewed households indicated that they were worried about having enough food, 60.8 percent reported that they ate only few kinds of food, while 59.9 percent reported that they were unable to eat healthy and nutritious food. On the other hand, 36.3 percent households reported that they went without eating for a whole day.

Food security in the past 30 days at national level

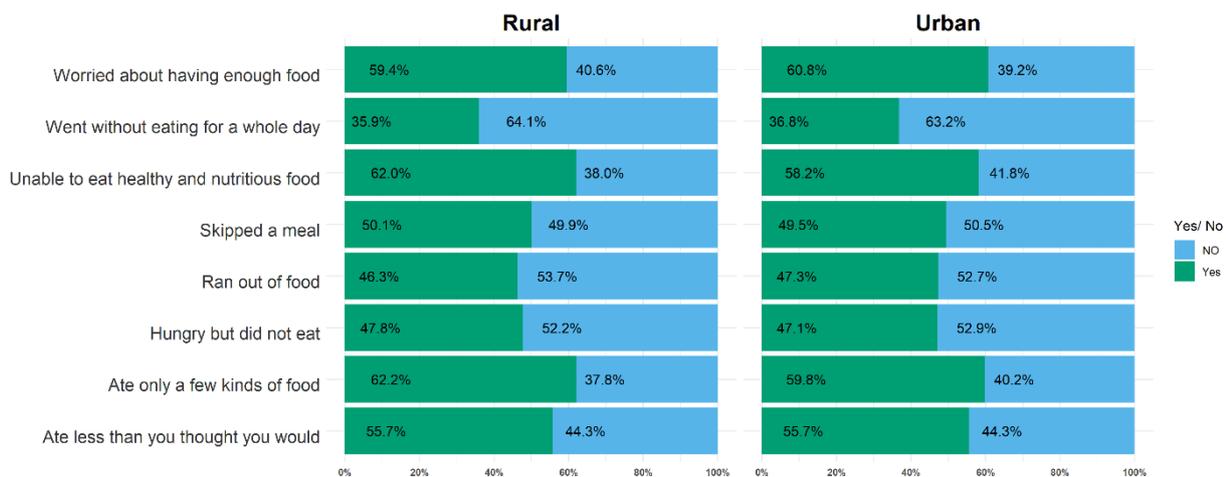


Source: NSA

Figure 13: Household food security in 30 days preceding the survey

To look at the food security aspect at urban and rural levels, about 62.19% of households in rural areas indicated that they had only eaten a few kinds of food and 62.0 percent were unable to eat healthy and nutritious food.

On the other hand, in urban areas, the proportion of household who ate a limited variety of food was close to what being observed in rural areas at 59.8 percent. About 58.2 percent of households in urban areas and 62.0 percent of households in rural areas indicated that they were unable to eat healthy and nutritious food.



Source: NSA

Figure 14: Food security in the past 30 days by area

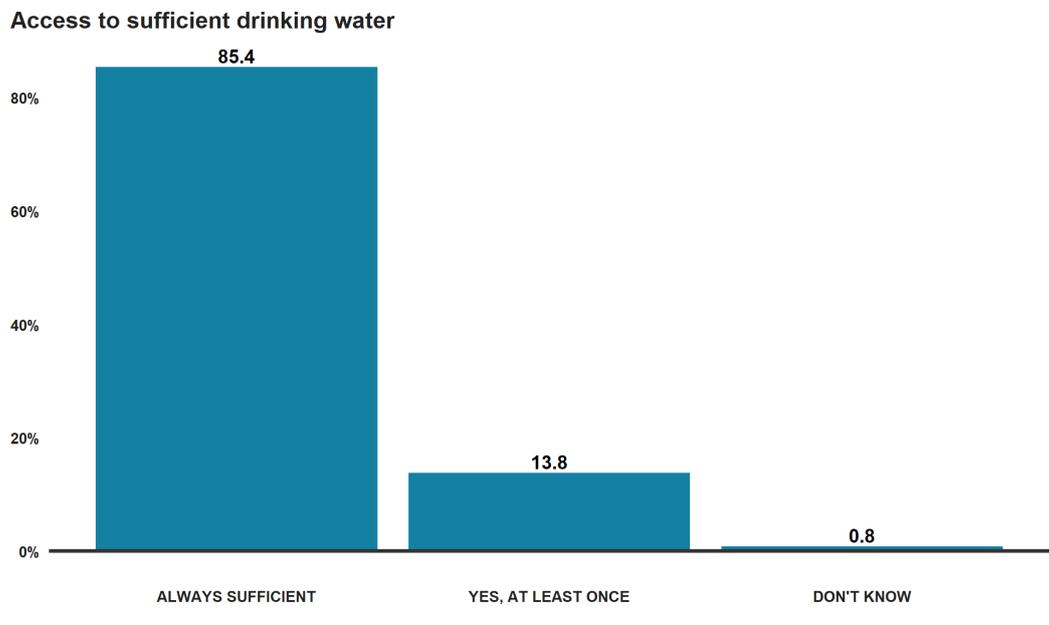
10. ACCESS

10.1 Access to sufficient drinking water to meet household needs

One of the most effective measures to curb the spread of COVID-19 transmission is to wash or sanitize hands. During the state of emergency, in order to ensure that households had sufficient water, the government mandated municipalities to ensure water supply to all citizens, even those with outstanding bills. However, this mandate was

lifted once the state of emergency came to an end.

The survey assessed whether there was any time during which households did not have sufficient drinking water to meet household needs in the seven days prior to the survey date. 85.4 percent of households indicated that they always had sufficient drinking water while 13.8 percent had drinking water at least once. (Figure 15).



Source: NSA

Figure 15: Proportion of the households that had sufficient drinking water to meet household needs in the last 7 days

10.2 Sufficient access to water to wash hands when needed

Households were also asked if they had sufficient water to wash their hands. Around 95% of households, in both urban and rural areas, had

access to sufficient water to wash hands, while less than 5 percent, respectively, did not have sufficient water to wash hands when needed in the past 7 days (Table 4).

Table 4: Proportion of the household who had access to sufficient water to wash hands when needed in the past 7 days by national and area

	National (%)	Rural (%)	Urban (%)
Yes	95.4	95.9	95.0
No	4.6	4.1	5.0

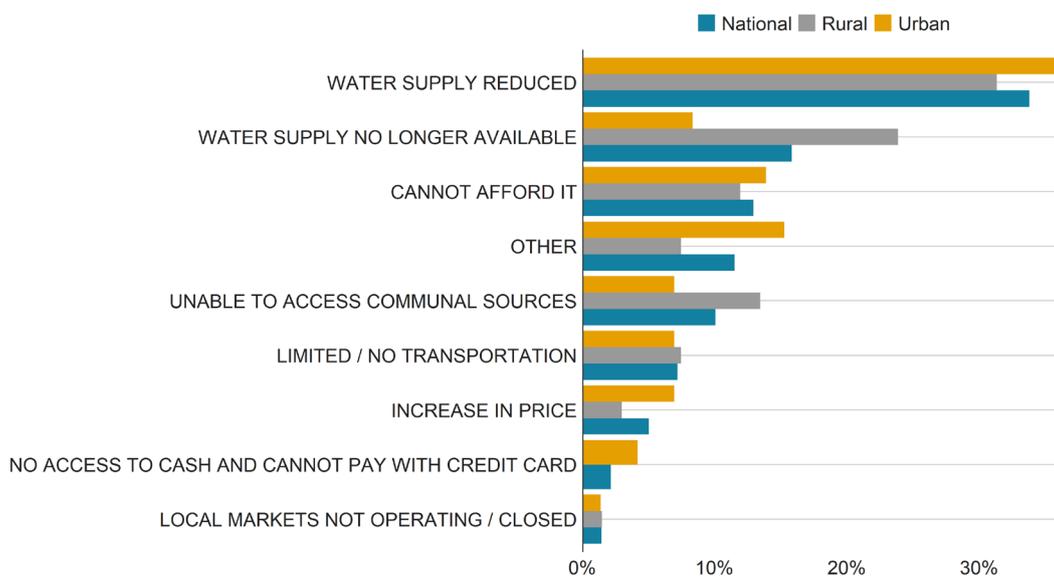
10.3 Main reason why household was unable to access water to wash hands

For the 139 households who indicated that they did not have sufficient water to wash hands, the reasons provided are summarized in Figure 16. In urban areas, 36.1 percent of these households reported that they did not have sufficient water because the water supply was reduced. This was also the most common reason provided in rural

areas (31.3%). Furthermore, 23.9 percent of rural households reported that the water supply was no longer available and 13.4 percent reported that they were unable to access communal sources. Affordability was another important reason mentioned. In urban areas, 13.9 percent of the households reported that they could not afford the water and 6.9 percent of households reported an increase in price as the reason.

Access to water

Main reasons household not able to access water to wash hands



Source: NSA

Figure 16: Main reason why household members were unable to access water to wash hands

10.4 Types of education or learning activities engaged in during State of emergency period

During the state of emergency all schools, early childhood development centres and tertiary education institutions were closed to reduce the spread of COVID-19. During the period institutions were encouraged to adopt non-face-to-face learning techniques.

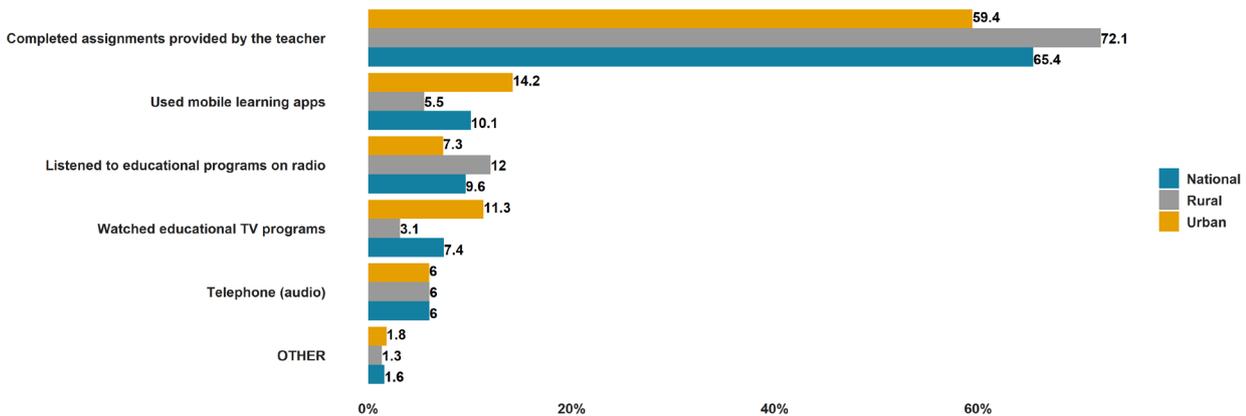
Head of households were asked what type of education or learning activities children had been engaged in during the state of emergency period (mid-March 2020 –August 2020). A total of 99.1 percent (n = 3616) households had children between the age of six and eighteen, of which 54.3 percent (n= 1965) had school going children

before the state of emergency in Mid-March 2020. Due to coronavirus pandemic, it was important to understand how households were communicating with their children’s teachers during the state of emergency.

A total of 89.7 percent (n= 1762) household had children engaged in some type of school activities.

Figure 17 shows that children in urban areas (59.6%) and in rural areas (72.1%) were able to complete assignments provided by their teachers. An estimated 14.2 percent of children in urban areas used mobile learning apps and 11.3 percent watched educational TV programs as a form of learning activities whereas in rural areas, 12.1 percent listened to educational programs on the radio.

Type of learning activities during lockdown 2020



Source: NSA

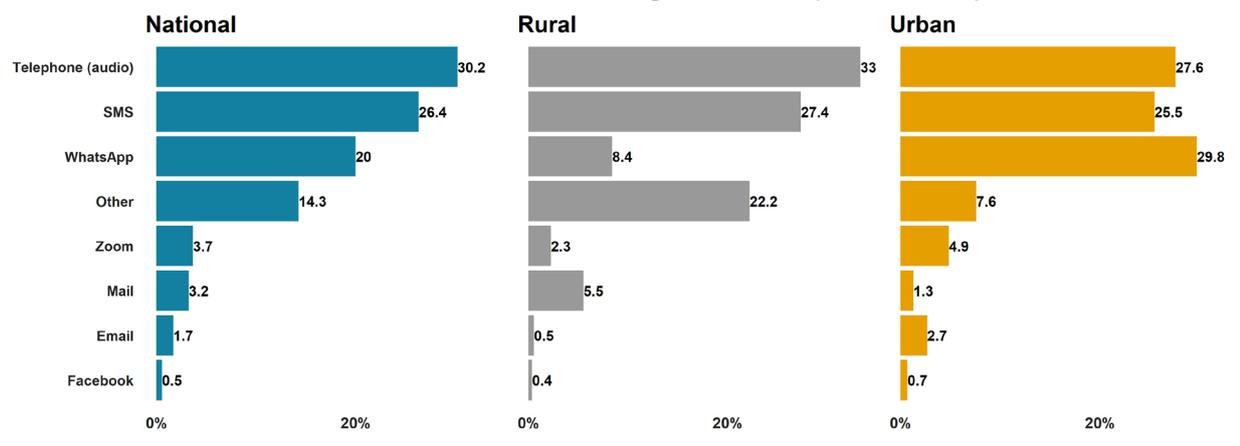
Figure 17: Types of education or learning activities engaged by children during State of by area

10.5 Communication with teachers during the State of emergency period

Heads of households were asked whether their children kept in contact with their teachers. A total of 84.2 percent (n = 1654) households were communicating with their children’s teachers

during the state of emergency. In rural areas, 33 percent of these households indicated to have used telephone and twenty-seven percent relied on SMS keep in contact with the teachers. In urban areas, WhatsApp (29.8%) and Telephone (27.6%) and SMS (25.5 %) were popular means of communication with teachers. (Figure 18).

How children and Teacher communicated during lockdown (March 2020)



Source: NSA

Figure 18: Methods of communication between teachers and learners during the State of emergency period

11. COVID-19 TESTS and VACCINES

11.1 Households with members tested for COVID-19

At the onset of the survey, Namibia had recorded 41025 cumulative COVID-19 cases. This number had increased by 5241 to 45949 during the data collection period.

The survey asked the heads of the households if there were members who ever got tested for COVID-19 prior to the survey date. Of the 3616 (99.5%) households who answered, 22.9% of households in urban areas and 13.4% of households in rural areas indicated that they had household members who got tested for COVID-19.

Table 5: Proportion of the Households with members who are tested for COVID-19 by National, Urban and Rural.

	National	Rural	Urban
Yes	18.6	13.4	22.9
No	81.4	86.6	77.1

11.2 Households willingness to be vaccinated

The Namibian government started a voluntary vaccination campaign on 19 March 2021, having received vaccine donations of Sinopharm and Covishield vaccines from China and India respectively [2].

whether they would agree to being vaccinated if an approved vaccine to prevent COVID-19 was available at no cost. Table 6 shows that a majority of households indicated a willingness to getting vaccinated 60.6 percent at national level. While breakdown by areas shows that 68.7 percent and 53.7 percent of households were amiable to being vaccinated in rural and urban areas respectively. However, 17.5 percent of rural households and 27.4 percent of urban households indicated an unwillingness to being vaccinated.

The survey asked heads of household (3630)

Table 6: Household who agreed to be vaccinated by area

	National (%)	Rural (%)	Urban (%)
Yes	60.6	68.7	53.7
Not Sure	16.6	13.8	18.9
No	22.9	17.5	27.4

11.3 Household Barriers to accept the vaccine

Of the households that indicated the unwillingness to being vaccinated 27.1 percent were in rural and 26.7 percent in urban areas doubted the safety of

the vaccine. Another 21.8 percent in rural and 18.0 percent in urban areas expressed their general concern about trust with vaccines. In both areas, over 18 indicated that they are worried about the side effects.

Table 7. Willingness to be vaccinated by reason and area

Reason for not wanting to be vaccinated	National		Rural		Urban	
	Number	Percent	Number	Percent	Number	Percent
I don't 'think it will be safe	393	26.9	6	27.1	244	26.7
I am worried about the side effects	273	18.7	100	18.2	173	18.9
In general, i don't trust vaccines	271	19.4	0	21.8	163	18.0
Need more information	124	8.5	12	8.6	77	8.4
I don't think it will work	122	8.3	149	8.0	78	8.5
I am not at risk of contracting COVID-19	110	7.5	30	5.5	80	8.8
Mis-information on social media	34	2.3	4	2.2	22	2.4
No comments	17	1.2	47	1.3	10	1.1
Too old to be vaccinated	15	1.0	7	1.5	7	0.8
I am worried to get infected with COVID-19 at the health facility	12	0.8	100	1.1	6	0.7
It is against my religion	12	0.8	119	0.5	9	1.0
It will take too long to get vaccinated/ i don't have time to get vaccinated	8	0.5	3	0.7	4	0.4
Health facility too far or too hard to get to	6	0.4	2	0.4	4	0.4
I prefer home remedy	4	0.3	44	0.0	4	0.4
Others (specify)	50	3.4	18	3.3	32	3.5
Total	1451	100	641	100	913	100

12. CONCLUSION

This report shows that COVID-19 has impacted the daily lives of Namibians. The first case of COVID-19 was recorded in Windhoek on March, 13th 2020 when a Romanian couple visited the country. A year on, the virus has spread to all 14 regions of the country.

- 1) **By 13th of April 2021 the total cumulative COVID-19 cases recorded were 45,949 and 586 COVID-19 deaths** were recorded.
- 2) **Individuals and households reported a significant change in behaviour** due to COVID-19, with over 90% of respondents reporting that they wore a mask when leaving their homes, 86.1% reporting more frequent handwashing with soap and 84.3% avoiding handshakes or physical greetings.
- 3) **COVID-19 legislative restrictions on the sale of alcohol, curfews, and closure of businesses such as gyms, restaurants, led to a loss of income and jobs**, with a majority of the respondents reporting being in the construction and retail sectors. 49.2% of rural and 46.2% of urban respondents reported that they had to stop working because of COVID-19, while a further 18.4% of respondents in urban and 11.9% in rural reported being laid off while the business continued to operate.
- 4) **An increase in the price of food that was consumed was the most widely reported shock affecting 59.1% of households.** An estimated 15.2% of households indicated that they tried to adjust by reducing their food consumption. An estimated 10.9% of respondents reported that they attempted to engage in additional income generating activities, used their savings, or received assistance from friends and family to sustain themselves.
- 5) At the time of the survey **a majority of household members had not been tested for COVID-19**, however 60.6% of respondents indicated a willingness to take the vaccine. **The main reasons for not taking the vaccine was fear about the safety of the vaccine (26.9%).** Other cited reasons included not trusting vaccines (19.4%) and possible side effects of the vaccine (18.7%).

13. REFERENCES

- [1] COVID-19 (n.d) Retrieved from <https://en.wikipedia.org/wiki/COVID-19>
- [2] Petersen, S and Ngatjiheue, C. (2021). 5000 Namibian Healthcare workers want vaccine. Retrieved on 1 August 2021 from <https://www.namibian.com.na/209901/archive-read/5-000-Namibian-healthcare-workers-want-vaccine>



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