



CICLASS - LAW FACULTY
UNIVERSITY OF JOHANNESBURG



**FRIEDRICH
EBERT
STIFTUNG**

NAMIBIA COUNTRY PAPER:
GENDER AND SOCIAL SECURITY
IN NAMIBIA

Authors: D.A. Keendjele & Ntwala Mwilima (Ms.)
June 2006

SADC Social Security Specialists Conference
GENDER AND SOCIAL SECURITY IN THE SADC-REGION
5th – 7th July 2006, Safari Court Hotel, Windhoek

Table of Contents

Chapter 1 -

Introduction: Forms of and responses to gender discrimination. p 3

Chapter 2.

Women, labour market and social security. p 5

Chapter 3.

Direct and indirect impact of formal and informal transfers – from a gender perspective. p 10

Chapter 4. p 13

A. Maternity protection p 13

B. Family protection p 18

Chapter 5.

HIV AND AIDS AND SOCIAL SECURITY p 21

Chapter 6

Conclusion p 28

Annexes p 29-31

List of Abbreviations: p 31

Chapter 1

Introduction: Forms of and responses to gender discrimination.

Namibia adopted a liberal constitution at independence in 1990 which aimed to outlaw all forms of discrimination. The equality and freedom from discrimination is enshrined in Chapter 3 of the constitution, which protects all persons and guarantees equality before the law.¹ It therefore follows that any law passed by Parliament that contradicts the provisions of this section of the constitution can be challenged and declared unconstitutional by the court with jurisdiction on the matter. The Government of the Republic of Namibia tried since independence to promote gender equality through various initiatives.

The promotion of gender equality was addressed at the national level with the creation of the department of Women affairs in the President's office in the early nineties, just shortly after independence. The national gender policy was developed and translated into local languages in 1998. Furthermore, the Ministry for Women Affairs and Child welfare was created to further enhance gender development in the country. This Ministry was renamed to Ministry of Gender and Child Welfare in 2005.

In practice however, there have been incidences where gender discrimination manifested itself and social security provision was no exception, e.g. the absence of paternity leave benefit provision in the social security act. This paper attempts to discuss some forms of gender discrimination that are evident in the provision of social security to the needy and analyse gender related issues that need to be improved or addressed by way of policy reform or enhancement.

The data/information used in this paper was collected by means of secondary data from various organisations and institutions, while some telephonic interviews and face to face interviews were also made to solicit views on the topic at hand. Reference is therefore made in the text where such information where obtained. We acknowledge assistance received from staff in the Commission as well as the cooperation we received from other ministries/agencies in putting the information together.

(a) Forms of gender discrimination in both formal and informal social security, in relation to:

Discrimination takes on many forms. In the context of this paper, we shall adopt a simple oxford definition that refers to “an unjust distinction in the treatment of different categories of people, especially on the grounds of race, sex, or age”.² The latter definition is looked at in the context of gender and social security in Namibia, which is the main theme of the paper.

(i) Discrimination against **males and females**

¹ Article 10 provides that no persons may be discriminated against on the grounds of sex, race, colour, ethnic origin, religion, creed or social or economic status.

² Concise Oxford Dictionary definition.

At independence there were certain aspects in the country's laws that contained discriminatory provisions against some members of society. The justification for these types of discrimination could not be established, but there is strong suspicion that it all emanated from the inherited system of apartheid and discrimination. In the context of social security provision there were also gender discrimination some of which still exist today.

(ii) **Direct and indirect** forms of gender discrimination;

Direct discrimination includes the following: Treatment of widows as qualifying dependants under the Employees Compensation Fund,³ (till 1995) while only accepting widowers if they were of incapacity of one sort. Developing different mortality tables for males and females, which are used in calculating terminal value of a survivor's pension. At the initial years of Namibia's independence, the social assistance grants were also based on the skin colour, a situation that was reversed when the grants were equalized among all racial groups. There were also different retirement ages for males and female, a situation that was also later reversed.

(iii) Although forms of gender discrimination does no longer exist in **law** one still find instances where they are practiced covertly in **practice**. Some trades or professions do set different retirement ages for different sexes and sometimes encourage early retirement in order to reach the same objective of retiring employees from those occupations, e.g. mining, other hazardous occupations, etc.

Responses to forms of gender discrimination, in relation to legal matters have been very impressive, looking at the number of laws that were repealed to remove discrimination.⁴ Other responses have been a bit slower, e.g. policy reform to bring in changes to social security scheme provisions, by introducing new funds or amending the provision of the Act to accommodate the views of key stakeholders on the extension of coverage to the excluded.⁵

(b) Can the forms of discrimination prevalent in the system be justified?

Depending on whom the discrimination is targeted, the answer to this question will vary. There is a general agreement among all members of the social security scheme that discrimination of any form should be abolished. At the same time some gender difference do occur as to how they view the adequacy of social security transfers, e.g. for maternity as opposed to paternity benefits. Male callers to the national radio talk⁶ show were overwhelming in support of paid paternity leave. On the hand, female members of the scheme felt that the non-payment of full maternity benefit in itself is unfair, and

³ Section 40 of the Worker's Compensation Act, 1941

⁴ Namibian parliament passes around 40 –50 Bills per annum, most of which are amendments to existing laws in order to align them to the Namibian constitution.

⁵ The Agricultural Employers Association implemented a scheme in 2004 for the farm laborers due to pressure from their members to have access to this benefit. They could no longer wait for the scheme provided for under the Social Security Act.

⁶ The information was monitored via the feedback program run by the National broadcaster –NBC radio over the last 12 months

discriminatory (see opinion piece in this paper). Gender based mortality tables are justified due to the different life expectancy of males and females. For as long as it is not used to give unfair treatment to any one in the form of money paid, there is need to keep monitoring the gender dimension of the mortality tables.

Chapter 2. **Women, labour market and social security**

(a) **Size and composition** of, as well as **participation in** the labour market.

According to the Labour Force Survey of 2001, Namibia's labour force participation rate stands at 54 per cent. The participating rate is higher amongst men (62%) than women (38%). According to the survey, more women were economically inactive (211 718) as compared to males (134 439). The high rate of economic inactiveness among women can be attributed to two reasons. The first reason is that in many societies, family responsibilities such as looking after the sick and elderly and running the household (identified as one of the main reasons for inactivity in the LFS) is considered a women's duty. Secondly, the high rate of inactiveness can be attributed to the fact that economic research and policy analysis often focuses only on the "formal" economy activities and ignores the contribution of "informal" economy activities, which are mostly carried out by women.

(b) **Gender dimensions** of the size and composition of, as well as participation in the labour market –

The studies on the informal sector participation by women confirm that the majority of them are to be found in the informal labour market.

The latest **Informal Economy Survey**⁷ carried out by the Ministry of Labour and Social Welfare estimated that number of informal economy operators and workers to stand at 132 607. The survey further confirmed that there were more women (70 434) in the informal economy than men (62 170), in line with statistics from other African countries.

(c) *The historical and changing/developing nature of work and of the formal and informal labour market.*

A gender analysis of the Namibian labour force reveals that the labour market is characterised by a sexual division of labour. This simply means that women are concentrated in sectors involved in domesticity and servicing which are traditionally considered as "female sectors" whilst men tend to be in sectors involving technology and manufacturing. A comparison of the statistics of the Labour Force Surveys of 1997 and 2000 reveals a trend that supports this argument. For example in sectors such as health and social work, women are the majority but are more likely to work as nurses rather than as doctors. Another example is the education sector, which employs more women than men but women are employed as teachers rather than principals. Furthermore, the Labour Force Surveys (both 1997 & 2000) show that Namibian women tend to be engaged in unpaid work.

⁷ **Informal Economy Survey** of the Ministry of Labour - (2001)

The Namibian labour market and nature of work has experienced change due to the current global restructuring happening in the world. For instance, we have seen more female participation in the labour force, with very few women being employed in higher positions previously occupied by males as a result of the Affirmative (Employment) Action policy. However, in tandem to this process has been the intensification of the employment of females (referred to as ‘feminisation of labour’), especially in precarious employment and the growth of the informal economy.

The Affirmative (Employment) Act has managed to advance educated women in the formal economy, this however has not translated to the informal economy and for uneducated women in the rural areas.

(d) Size and composition of, as well as **participation in** the labour market – both the **formal** labour market and the **informal** labour market

To understand the participation of males and females in the labour market it is important to look at the latest statistics available from the national bureau of statistics or relevant ministries and agencies that have conducted national surveys. The table with data from LFS shows the composition of the formal labour force as at the end of 2002.⁸ The data from the Labour Force survey is attached as annexure 2.

The data for the informal sector though difficult to come by or to accurately measure them, are presented in the table 3 below as an annexure to this paper⁹. Table for the informal sector data by gender gives a total number of participants in all regions as 132 604.

(e) Gender dimensions of the size and composition of, as well as participation in the labour market – e.g., are women in particular to be found in the informal labour market, etc. (also reflect on changes that may be occurring in this regard).

A gender analysis of the Namibian labour force reveals that the labour market is characterised by a sexual division of labour. This simply means that women are concentrated in sectors involved in domesticity and servicing which are traditionally considered as “female sectors” whilst men tend to be in sectors involving technology and manufacturing. A comparison of the statistics of the Labour Force Surveys of 1997 and 2000 reveals a trend that supports this argument. For example in sectors such as health and social work, women are the majority but are more likely to work as nurses rather than as doctors. Another example is the education sector, which employs more women than men but women are employed as teachers rather than principals. Furthermore, the Labour Force Surveys (both 1997 & 2000) show that Namibian women tend to be engaged in unpaid work.

⁸ Ministry of Labour and Social Welfare Labour Force Survey 2001

⁹ LARRI (Labour Resource Research Institute) report in 2004 on informal sector.

In 1997 a study conducted on Women entrepreneurs estimated that a large majority of part time entrepreneurs and roughly half the number of full-time entrepreneurs were women. It was then found that the formal sector only took up about 31% of females, the majority in low paying jobs.¹⁰ On gender perspective in the informal sector, the study concluded that:

“Women entrepreneurs are the most disadvantaged type of entrepreneurs. In the past, they had no legal title to property and could not enter into financial agreements without the consent of their husbands.”

- (f) The historical and changing/developing **nature of work** and of the formal and informal labour market in Namibia reflect the increase of the informal sector due to the imposition of constraints on employment in the formal sector. For instance, the adoption of capital-intensive technologies resulted in massive job losses in the mining industry in Namibia. This is evident through the shrinking size of the number of employed person in this sector over the years. Furthermore, due to stagnation in job creation in the formal economy, many people (especially the youth) are increasingly turning to the informal economy for survival.

During the period 2001 to 2003, growth in formal employment has surpassed the rate of population growth of 2.6 (2001 Census) compares to 3.2% economic growth of 2001/02.¹¹ While it is predicted that formal employment would increase, it is evident that significant structural changes must take place to increase the share of the formal sector employment to its informal counter part.

- (g) **Gender dimensions** of the *changing nature of work* and of the formal and informal labour market.

Mass retrenchments in textile and other labour intensive industries (fishing) affect both gender, but retraining of female workers to do other jobs pose a severe challenge to the economy in general. A case in point is the textile industry where mass employment of women has taken place. After the closure of these textile factories women have little option than to join the informal market to apply the skill gained during the short period of formal employment.

- (h) **Social security implications of female participation/non-participation** in the formal labour market.

- (i) **Coverage** of women in terms of the social security schemes;

It is an undeniable fact that coverage for the informal sector is very low for social security, where the majority are women. According to the Labour Force survey of 2000, coverage by formal Social Security scheme only reached out to 34.2% of the Labour Force. Coverage for women was also low, standing at only about 29.3%. See Box 3 here under.

¹⁰ Namibia: Policy and Programme on Small Busnes Development, p8

¹¹ Mid Term review of NDP2 – report of the National Planning Commission, 2004.

- (ii) Provisions on **contributions and qualifying criteria** that impact on women include: (aa) the weekly minimum of 2 day continuous employment requirement for domestics and casual workers; (bb) payment of double contributions by the self employed and (cc) voluntary coverage of self employed persons. There is a requirement of continuous employment and contribution that are prerequisite to obtain benefits from the schemes. This means that employees have to work for more than two continuous days before they can be registered. This provision is discriminatory as vulnerable workers who need the benefits more get excluded.¹²
- (iii) As for the entitlement to **benefits**, the problem arises with continuous employment of at least six months to become entitled to the social security benefits. Most informal sector employees, casual workers, independent contractors, labour hire workers, etc. get to be excluded as their employment contracts are short-term in nature.
- (i) **Social security implications of female participation/non-participation** in the **informal** labour market, with particular reference to the following:
- (i) To what extent are females **covered** by and do they have **access** to social security entitlements emanating from the **formal social security system** (i.e. social insurance and social assistance)?

Box 3 – *Opinion piece on social security registrations and benefits*¹³

The registration levels to the Social Security Scheme are however very low as revealed by the Labour Force Survey of 2000. The survey revealed that out of a Labour force of 541 447, only 34.2 per cent is registered, of which the number of females registered (29.3%) is lower than that of males (38.3%). The benefits are equal to 80% of the women's income from a minimum of N\$240.00 to a maximum of N\$ 2400.00 per month. Statistics of the low registration of females with the social security means that many of the female employees who get pregnant do not even benefit during their maternity leave. The reduced incomes for female employees (especially single female employees) has led to female employees using their annual leave as their maternity leave so that they do not miss out on their full salaries while on maternity leave.

Again, the Labour force survey of 2000 revealed that incomes in Namibia are not diversified. This means that many people in Namibia do not have a secondary source of income and thus depend on only one source, which happens to be salaries and wages (48.4%), especially for people living in urban areas (73%). Thus the majority of female employees who get pregnant and have to depend on the social security fund can easily succumb into poverty as they are less likely to have other sources of income to supplement their meager salaries during their maternity leave.

Three Ministries at present, i.e. Health and Social Services, Labour and Social Welfare¹⁴ as well as Gender and Child Welfare¹⁵ administer the universal social assistance¹⁶

¹² Social Security Act, 1994, section 1.

¹³ LARRI's Ntwala Mwilima, 2006

¹⁴ Pension Act, no 10 of 1992, provides for the payment of old age and disability grants to aged and disabled persons.

¹⁵ Administers Children welfare grants in terms of the same Act.

¹⁶ Social assistance is provided universally to citizens, under the national Pensions Act, 1992

programs that pay out several grants to qualifying beneficiaries, ranging from old age to orphanage and disability. *The cost related to the grants amounted to about N\$475 million in 2005.*

About 10 000 new beneficiaries are registered per year as new entrants to old age grants. There are currently more than 147 000 beneficiaries and recipients of various grants, the majority of whom are women.¹⁷

- (ii) *If so, to what extent is their coverage by and access to particular forms of formal social security (i.e. social insurance and social assistance) **influenced** by their participation/non-participation in the informal labour market*

In the absence of National Pension Fund & National Medical Benefit Funds, the members have to utilize state facilities and approach social assistance when they qualify for the grants. Occupational pensions and other employee benefits such as medical aid schemes are for the affluent or more advantageous workers to the exclusion of workers in the seasonal industries/domestic households/farms and casual employment/labour hire companies. Elsewhere we report on the action taken by the agricultural sector with regards to pension for farm labourers.

- (j) Measures taken or suggested to address deficiencies that exist.

The efforts of the Gender ministry is further complemented by other national legislations that provide for the promotion of gender equality and women empowerment, like the Affirmative action law that define women as one of the previously disadvantaged persons who must be affirmed at the work place.

There are success story about women empowerment projects in rural areas that has improved income security for women groups. These are mostly supported by NGO's such as the Women Action for Development¹⁸, which support and train women as well as secure donor funds for their projects. Government through the NPC has also assisted various community-based groups to initiate project that are sustainable and approach accredited agencies to obtain assistance. There are mixed success stories on the community-based projects and their transfers in the long run to the beneficiaries.

¹⁷ Data from the Ministries of Labour and Social Welfare/ Gender and Child Welfare & Budget for 2006/7.

¹⁸ Women Action for Development is an NGO that is funded by German funding agency.

Chapter 3

Direct and indirect impact of formal and informal transfers – from a gender perspective

- (a) The **nature** of social security transfers from the formal scheme takes place in the form of prescribed benefits under the various legislations. A few of these are discussed here under.
- (i) **Formal** social security **transfers** (e.g. pension/ workers compensation benefits); and
- Maternity benefit paid by social security scheme to female members is equal to 80% of basic remuneration for a maximum period of 12 weeks (3 months), with a minimum of N\$240 per month and maximum of N\$2 400 per month.
 - Sick leave benefit equal to 60% of basic salary for the first 6 months (minimum N\$180 p/m and maximum N\$1800 p/m) and 50% for further 18 months, at N\$150 p/m (minimum) and N\$1500 p/m (maximum).
 - Death, retirement or disablement benefit to family of a deceased member or to the member in the case of the latter two contingencies, a single payment of N\$3 000 is payable. The data obtained from the SSC indicates that women drew more benefits from the scheme than men for maternity (MATER) and survivors pensions for IOD's (injury on duty claims), while men drew more benefits than women for sickness (SICKL), disability/ retirement (DISRE) and their survivors on death.¹⁹ See table in the annexure.

From the table (see annexure 1) with data on the four benefits paid by the formal social security scheme classified by gender, it is evident that there are gender differences in terms of the type of benefit. The size of male beneficiaries for the **death claims** is twice to three times higher than female beneficiaries during the period 2003 to 2006²⁰. This means that male breadwinners leave survivors in the form of widow and children orphans who will need more assistance from the social security scheme for a longer period. Women who are widowed must take on the role of sole provider/breadwinner, albeit in a different manner and most with reduced income.²¹ Maternity is predominantly paid out to female beneficiaries, with only two exceptions in the years 2003/4, when the payments went to males beneficiaries in cases when a female who was entitled to maternity benefits, passed away, as provided for in the Act.

¹⁹ Information from SSC database for 2003 – 2005

²⁰ (Data for 2006 is for 6 months only)

²¹ The MSD fund do not have long term benefits to dependants, save for the lump sum funeral grant of N\$ 3 000. The Employees Compensation Accident Fund pays survivors' pension at a rate of 40% of earnings to widow and 20% per child with a maximum of three children per claim. The total replacement of the deceased employee's earning is 75%. The benefit paid by the ECF to orphans cease when they reach an age of 18 years.

(ii) **Informal** social security **transfers**

Namibian society has diverse ways of dealing with informal social security arrangements. These are mostly influenced by the culture/tradition and norms of the particular society within such arrangement are practised. Traditional rural families still maintain strong bondage and family ties that extend beyond close family ties and at times spill over to the neighbourhood. The values hereof are difficult to quantify as they are not often recorded or quantified. They also take different forms and not necessary restricted to monetary terms. The transfers range from borrowing to donating or contributing money or in-kind especially for families that are affected by death or hunger/famine. Funerals and the need to pay for children's education and health care attract the support of the extended families and neighbour in rural setting.

The situation is rather tricky in the urban setting, where traditional norms have broken down and the concept of nucleus family is more practised. It is still to be delved to what extent the informal arrangements have been abandoned by the black urban dwellers. Until then it remains a perceptual matter deduced from the conduct between the members of the modern urban society. What is evident though is that most urban dwellers still maintain traditional ties with rural communities from which they hailed and this is where most informal transfers take place, mostly in the form of money.

There are few organised mutual support schemes in the rural setting due to irregular nature of the income. The employed workers are mostly the ones targeted by burial societies and insurance companies for savings or taking out cover for funerals of their loved ones. A negative development on the transfer is the emergence of cash loans that portray to assist clients in case of advancing money to applicants at an exorbitant interest rate. This practice has led to many low paid employees getting into a debt trap by constantly resorting to borrowing from cash loans on a continuous basis.

The regulator of financial institutions – NAMFISA- has to step in to control the operations of these “loan sharks” as they were referred to at the time. As a result the Usury Act was passed with the aim to protect the consumers of cash loan companies.²²

Other forms – The only other forms of protection available for children in Namibia is the SOS children village, which is a charitable social welfare organization and the Namibia childrens' home (a government initiative). The SOS is an affiliate member of the SOS Kinderdorf international; a worldwide network founded in 1949 and operates in more than 130 countries. The SOS has homes in Windhoek and Tsumeb and keeps children up to the age of 18 years old. They get a grant per child from the government (undisclosed) that helps in taking care of the children²³.

- (b) What **contribution** are these formal and informal social security transfers making from a gender perspective, with particular reference to:

²² Usury Act, of 2001, under the auspices of NAMFISA (Namibia Financial Institutions Supervisory Authority)

²³ [@](http://www.sos-childrenvillages.org/cgi-bin/sos/jsp/wherehelp.do?BV_sessionID=@@)

- (i) As regards the direct impact, the **impact on the beneficiary** (e.g. the female concerned);

There is a strong link between the female's income from employment and the social security benefit paid from the funds in respect of benefits that are earning related, although the replacement rate is always lower than the actual income received if the member is at work. But as discussed elsewhere, the ceiling on countable earnings places a heavy burden on benefits paid in that it reduces the replacement rate's actual value to a value much lesser than the one prescribed for normal wage earners.

For transfers from occupational schemes the link between the member's previous status, is strong and benefits bear a positive correlation with the member's earning history.²⁴

- (ii) With regards to the indirect impact, the **impact on the wider** (nuclear and extended) **household/family** and on the **community**, the following can be said:

For the universal social assistance there is no strong link between the amounts paid and the need or previous income of the recipient, and all persons receive the same prescribed amount. It has been argued that the elderly needs exceed the amount offered as an old age grant of N\$300,00 per month by the Ministry of Labour and Social Welfare due to the extended family under the care of these aged persons. Although the amount was raised to N\$370.00 in the budget for 2006/7, the issues of adequacy still come out strong in favour of a higher amount. It remains however an undeniable fact that the grant has a much wider impact than just the household.

An amount of more than \$570 million is annually disbursed as old age grant. For the Namibian economy this is a huge chunk that has added to the buying power of the rest of society. Social transfer in a developing country like Namibia is still at a very low level in comparison to income from other sectors. The explanation for this is that the nation is still young with a high unemployment figure. But it is expected that these transfers will play a major role in many people's lives.

- (iii) The **effectiveness** of these transfers can be analysed in the sense that these transfers do or do not provide efficient and sufficient social security support to ensure the quality of life. It has been evident from the studies of the informal social security arrangements that they offer the beneficiaries ability to pay school fees for their children, attend to medical treatments of family members, receive or participate in drought relief offered by the state to avoid famine and malnutrition and many life threatening situations.

The state and some development partners, like the NGO's have been instrumental in the provision of water, adult literacy, HIV/AIDS education and prevention. Furthermore government has also assumed the role of assisting communities in periods of natural calamities, which improved their security in a way, irrespective of their gender.

²⁴ Information from the GIPF pension Fund rule booklet, 2001.

- (c) **Access to the formal and informal social security transfers:**
- (i) **Who receives the transfers?**
 Formal social security benefits are paid to the member him/herself or to the immediate family or dependants. This applies to both social insurance and social assistance to adult members. For the children, who are under age, a legal guardian receives the benefit as an administrator thereof.
- (ii) **What are the hindrances to access?**
- (aa) The notable hindrance to access in the Namibian context is due to lack of knowledge by the beneficiaries. It happens that some time benefits are not claimed for a long time due to ignorance of both male and female beneficiaries. The Commission has seen an increase in published unclaimed moneys due to beneficiaries who cannot be traced.
- (bb) The decision making on how the transfer should be managed is not well researched beyond the point of receipt. Very few cases have been reported of undue pressure by other family members to share in the transfer. Serious cases have even been reported when the female is physically abused or even killed because some family members felt that they were entitled to share the transfer.

Chapter 4.

Maternity and Family protection

A. Maternity protection

(a) **Maternity leave** under Social Security laws

The Labour Act, 1992, (Act number 6 of 1992) provides for maternity leave (unpaid for a period of 12 weeks). Provision for payment of maternity benefit was contained in the Social Security Act, 1994. The Labour Act amended the Labour Act, 1992, 2004 (Act 15 of 2004) which makes provision for the payment of 100% maternity leave benefits by employers. This amendment is still to be implemented. There are collective bargaining agreements under which some employers provide payment to female employees while on maternity to complement the payment done by the Social Security.

(b) **How the maternity leave operates: paid leave**, and if so –

(i) **Who has to pay maternity leave benefits?**

Maternity leave provisions in the Labour Act of 2004 deviated drastically from its predecessor when maternity leave was unpaid. In terms of the new Labour Act the employer must pay full basic wages to the female employees during the period of maternity leave and later claim that portion of the basic wage to which he /she is entitled to in terms of the Social Security Act from the MSD fund.

Maternity benefit paid by social security scheme to female members is equal to 80% of basic remuneration for a maximum period of 12 weeks (3 months), with a minimum of

N\$240 per month and maximum of N\$2 400 per month. The amounts are based on the ceiling of N\$ 3 000 and floor of N\$ 300.²⁵

(ii) What is the required and real **replacement rate**?

When the Social Security scheme was set up the idea was to meet the minimum standard set in the ILO convention on maternity protection, i.e. to replace at least 2/3 of the female employee's income as maternity benefit. Since the ceiling remained unchanged for about 12 years the real replacement rate sometimes fell below 25% of the female employees' earnings or less despite the notional concept of 80% of countable remuneration. This situation has caused female members to look at other means of addressing the inadequacy of the maternity leave provision. The extract from the paper written by LaRRi's researcher Ntwala Mwilima summed it up. (see box below)

Maternity protection legislations - See Box 1 hereunder.

Box 1.

Namibia's new Labour law and the maternity leave provision

Both the old Labour Act of 1992 and new Labour Act of 2004 protect a pregnant woman who has completed at least twelve months of 'continuous service' with an employer. According to both Acts, a women is entitled to 3 months or 12 weeks maternity leave of which 4 weeks can be taken before the expected date of confinement and 8 weeks after the date of confinement. According to the Labour Act of 1992, an employer was not required to provide any remuneration during maternity leave. During this period, the maternity leave benefit (income) can be claimed from the Social Security Fund, which is a general form of protection for employed people from loss of income whilst they are sick, pregnant, injured or old. The employees are only entitled to benefits if they are registered and have been contributing to the scheme.

Many questions regarding the adequacy of maternity leave benefits to female employees have been raised. Among these are questions such as:

- Why is there differentiation in the payment of such payments to women in different salary earning categories?
- Did the Social Security Act keep track with the changing circumstances of maternity leave beneficiaries, i.e. women who are employed but earn higher salaries above the ceiling of N\$3000,00 per month?
- Likewise, how does the Fund empower women who still earn very low salaries as e.g. domestic employees?

LARRI's Ntwala Mwilima analyzed the concerns regarding the new provisions for maternity leave in the Labour Act of 2004 in the following opinion piece.²⁶

²⁵ Social Security regulations of 1995, November 1. The present ceiling and floor was ever since not adjusted to newer levels, making the earnings related benefits unattractive to beneficiaries, e.g. females on maternity leave, whose earning are much higher the ceiling.

²⁶ Ms. Ntwala Mwilima's opinion piece appeared in the print media early in 2006. The article in the box has been shortened.

Box 2 Opinion piece on maternity protection in the new Labour Act, 2004

The concerns on maternity provision in the Labour Act, 2004

Since the introduction of the new Labour Act of 2004, the act has received some criticism from the employers. One of the biggest concerns that employers have raised is the increased number of leave days, which changed from 24 consecutive days to 24 consecutive working days. But another particular concern that has been raised is the issue of maternity leave. The aspect that changed in the new Labour Act of 2004 is that instead of employed women having to claim benefits from the Social Security, the employers are now expected to pay their female employees full remuneration during maternity leave. After payment, the employer is then expected to claim from the social security that “part of the remuneration which constitutes the basic wage of the employee”.

Furthermore, the new Labour Act also makes provision for extended maternity leave, provided a medical practitioner certifies that they were complications that rose during the pregnancy or delivery of the baby. It was hoped that the specific changes made to the new Labour Act of 2004 as stated above would deal with the above-mentioned problems that female employees faced during pregnancy.

The fact that employers are now required by the new Labour Act to pay their female employees whilst they are on maternity leave has become a concern for the employers. Employers have threatened that they will not employ women, as it would be too costly to do so. So this aspect in the new Labour law has created a potential disincentive for the employment of women, resulting in unintended gender discrimination against females. Should employers enforce their threats about not employing females because of the costs involved, then all the struggles that the Namibian government and other social partners have achieved with regards to eliminating gender discrimination will be lost.

The point of increased costs payable to female employees during maternity leave makes business sense, especially for the small businesses in the formal and informal economy who cant afford it, however, the issue of pregnancy is a human rights issue of national interest and thus should not be taken lightly. Namibia should not make mistakes that other countries have made with regards to this issue, otherwise the consequences will be adverse and expensive to rectify.

For example, other developed countries are now experiencing negative growth rates, why? This is because women decided to concentrate on their careers than have children. While these developing countries have been able to rectify this problem by offering incentives for women to reproduce, a developing country like Namibia can ill-afford to embark upon such measures because it is expensive. The financial hardship experienced by women while on maternity leave in the absence of their full remuneration will or can create a disincentive for women to bear children.²⁷

- (c) **Paternity leave** – There is currently no provision for paternity leave in the present Social security or Labour legislation. The rational was explained at stakeholders’

²⁷ Ms. Ntwala Mwilima- Ibid... reprinted with the permission of the author.

consultation forums that as a developing nation, Namibia couldn't implement a provision for paternity leave in the social security legislation until the country has reached a development state that can manage to sustain such a provision.

(d) Is the paternity leave **paid leave**, and if so – Who has to pay?

(i) Again like the case maternity, there are collective bargaining agreements that provide for paternal leave in case of childbirth for a limited number of days per incident. The parastatal (SOE) sector that employ a sizeable number of employees award between 3 and 12 days leave for **family responsibility**, which can include paternal leave to father of new born babies.²⁸ If neither the employer nor social security fund assist with the payment of family responsibility leave, the male employee who strongly feel he has a duty to support his family may negotiate to take unpaid leave from employment a practice that is very rare.

(ii) What is the required and real replacement rate?

Where the male employee takes compassionate or family responsibility leave, the employer does effect payment of normal remuneration to qualifying employees. There are cases however when no payment is effected due to the fact that an employee has exhausted the limit imposed in the collective agreement.

(e) **Dismissal** protection and **return to work** guarantee. The Social Security Act²⁹ makes it a criminal offence if the employer dismisses a female employee who just returned from maternity leave.³⁰ The new Labour Act has specified the conditions under which female employees who go on maternity leave should be treated as far as their job security is concerned. The Act specifically prohibits termination of employment or changing conditions of employees during maternity leave and immediately after returning from maternity leave.³¹

(f) Provisions relating to **accommodating pregnant and lactating mothers** in the work environment –

The provision of ante- and post-natal facilities, adaptation of physical and contractual work conditions, night work arrangements, though encouraged, is mostly at the discretion and goodwill of the employer. Medium to big size employment places have been promoting mother-baby friendly environments at the work places, but the majority of employers are not yet there. The authors of this paper were unable to quote statistics for the extent to which this is practiced.

(g) **Medical care** and **health insurance** coverage

Social protection systems must ensure that people who need medical or social care can get it regardless of their income or wealth and that the cost of such care does not cause poverty to the care recipients or their relatives.

²⁸ Information collected from surveys from five SOE's in 2005.

²⁹ Section 21(7) of the Act.

³⁰ The Social Security Act, 1994 (Act 34 of 1994)

³¹ Section 26 of the Labour Act 2004. (Act 15 of 2004)

The Social Security Act, 1994 provides for the establishment of a National Medical Benefit Fund to be administered by the Social Security Commission. The Act provides for authority to collect contributions and to make payments but leaves the details of how these should be regulated to the regulations to be issued by the Minister of Labour. This concept has not yet been given much attention since there was an expectation to first implement the National Pension Fund prior to the National medical Benefit Fund.

In 1998 a study was commissioned by the Commission³² to determine the extent of access or lack thereof to medical aid by working population. At that stage it was found that a large subset of the formal sector has no formal access to health insurance, in the neighborhood of 120, 000 and 480,000 citizens overall. Thus, it was then suggested that the initial target group for social health insurance consist of formal sector workers registered with the Social Security Commission, of which there are currently about 350,000 plus dependant family members whose size is yet to be determined.

(h) **Anti-retroviral treatment:**

The nature and extent of treatment available to infected persons in the country is first and foremost in the form of counseling service by health personnel. The Ministry of Health introduced pilot sites for the provision of anti-retroviral drugs some few years back. This was to be provided free of charge to those who were tested and whose CD4 count is below a certain level. At private outlets the drugs are available but at a cost for the beneficiary, who in most instances do cannot afford such treatment. The government intends to expand this treatment incrementally to reach marginalized women and children in particular. There have been notable success on the program and the prevalence rates among female attendees of antenatal care have shown a decline between the two year period of 2002 and 2004.³³

(i) **Are unemployment insurance benefits** – No unemployment benefit is currently in Namibia.. There is only a provision in the Social security legislation for the establishment of the Development Fund to assist the retrenched, the semi-skilled and the historically disadvantaged persons who are unemployed, by retraining them or assisting them through employment schemes or the provision of loans and other forms of financial assistance to the students at institutions of Higher Learning.³⁴

(j) **Effectiveness** of these forms of support, in the sense that they do or do not provide efficient and sufficient social security support, ensuring quality of life. The current provision of social security remains inadequate given the number of gaps that still need to be filled. However, a lot has been achieved on the policy and legal framework to have a system in place that can be expanded and on which future modernized schemes can be crafted.

³² Katsumbe, T. ILO consultant, 1998.

³³ Report of the 2004 National HIV sentinel Survey.

³⁴ Section 37 of the Social Security Act, 1994.

B. Family protection

(a) What is the underlying **policy framework**?

Since independence in 1990, the Namibian government has introduced or amended laws regarding the family institution to ensure that:

- ³⁵Men and women of full age, without any limitation due to race, colour, ethnic origin, nationality, religion, creed or social or economic status shall have the right to marry and to found a family. They shall be entitled to equal rights as to marriage, during marriage and at its dissolution.
- Marriage shall be entered into only with free and full consent of intending spouses
- The family is the natural and fundamental group unit of society and is entitled to protection by society and the state

The laws introduced or administered in this regards among others are as follow:

- Children's Act no 33 of 1960³⁶, and
- Married Persons Equality Act, 1996 (Act 1 of 1996)³⁷ that aims:

“To abolish the marital power; to amend the matrimonial property law of marriage in community of property; to provide for domicile of married women; to provide for domicile and guardianship of minor children; to further regulate the liability of household necessities of spouses married out of community of property; to amend certain laws to give effect to the abolition of marital power; and to provide for matter incidental thereto”.

Under the Married Persons Equality Act³⁸, equal guardianship over a minor child including adopted children is awarded to both parents unless ordered or stated otherwise by the Namibian courts. Furthermore, the law awards the guardians the right to “exercise independently and without the consent of the other the right or power to carry out any duties arising from such guardianship”.

(b) **Child support**

In Namibia, the responsibility of child support lies with the parents of the child. Due to the African strong tradition of extended family ties, especially in rural areas, this responsibility was always shared among the family. However due to increasing poverty levels, migration to cities and the introduction of Western values (nuclear families) and the HIV/AIDS pandemic, child support has become more so the responsibility of the parents or legal guardians appointed by court. Furthermore, some of the parents do not take full responsibility as regards supporting their children, thus the government introduced the Maintenance Act.

³⁵ Namibian Constitution. Chapter 3, Article 14

³⁶ The Children Act amendment was tabled to Parliament in 2005, but is not yet passed.

³⁷ Marriage Persons equality Act, 1996 (Act 1 Of 1996)

³⁸ Ibid...

The Maintenance Act, 2003 (Act 9 of 2003)³⁹ has the following objectives:

“To provide for the payment of maintenance; to provide for the holding of maintenance enquiries and the enforcement of maintenance orders, to repeal the Maintenance Act, 1963; and to deal with incidental matters”

Parents or appointed legal guardians have an obligation to support their children. This obligation exists both before and after a divorce between parents. However, after divorce and in the event where one of the parents does not support the children, the court can order that parent to pay maintenance or child support.

- (i) **What are the form(s) and nature of support?**
Child support is a court-ordered amount that the non-custodial parent must pay to the custodial parent to cover a proportionate amount of the child's expenses, including housing and utilities, food, clothing, education expenses, and other costs. This has been the basis of the criticism of the Maintenance act as it only concentrates on financial support whilst the child needs other types of support such as emotional and security support.
 - (ii) **How many children are covered?**
Child support is payable by the non-custodian parent or guardian to all the children. State laws differ greatly as to how courts calculate child support, and child support orders may be modified only by another court order.
 - (iii) **Are there other conditions for entitlement?**
This depends on the order of the courts, after considering the facts placed before it.
 - (iv) **Is an age criterion set?**
Yes, child support is given to the primary caregiver or custodian in the event of a minor child, whilst support is given to the beneficiary if they are of age.
 - (v) **To whom is the support given –** The support is usually given to the primary care giver, who in most cases is the mother.
- (c) Single mother support** - In the event of a single parent (it can be mother or father) being unable to support his/her children, such a parent can approach the Ministry of Gender equality and Child Welfare for monetary support. The Ministry has a monetary grant that is used in such instances after an application has been made by the parent. The amount payable is N\$ 200 for the first child and N\$ for other children. Children who qualifies should be 18 years old and below⁴⁰.
- (d) Adoption.** - To date, Namibia has not introduced a law on adoption. Thus abandoned children or those children without parents are placed in the care of social services through a court order. Other places, which takes care of such children, are the SOS children villages in Namibia, which is a charitable social welfare organization that takes children in its care⁴¹.

³⁹ Maintenance Act, 2003 (Act 9 of 2003)

⁴⁰ Telephone interview with Ndinela Shikongo, Intern at Ministry of Gender Equality and child Welfare : 2006

⁴¹ http://www.grnnet.gov.na/News/Archives/2002/March/Week5/no_rpt.htm

(e) Foster care.

Abandoned children or orphans are taken by social workers and placed in children's homes (i.e. SOS) or with relatives of the children. Such parents or foster parents can have access to a foster care grant that is administered by the Ministry of Gender Equality and Child Welfare. However, the foster parents can only have access to this money after the children's court has approved the application.

The first child is paid N\$ 200, whilst the rest receive N\$ 100 each. Only children of the age of 18 years and below can qualify²⁸.

(f) Other forms- The only other forms of protection available for children in Namibia is the SOS children village, which is a charitable social welfare organization and the Namibia childrens' home (a government initiative). The SOS is an affiliate member of the SOS Kinderdorf international; a worldwide network founded in 1949 and operates in more than 130 countries. The SOS has homes in Windhoek and Tsumeb and keeps children up to the age of 18 years old. They get a grant per child from the government (undisclosed) that helps in taking care of the children⁴².

(g) Informal forms of social protection.

The informal form of protection that exists is in the form of family or relatives. Many of the children whose parents died are taken care of by the immediate family of either parent.

(h) Effectiveness of these formal and informal forms of support, in the sense that they do or do not provide efficient and sufficient social security support, ensuring quality of life. The promotion of gender equality was addressed at the national level with the creation of the department of Women affairs in the President's office in the early nineties.

The national gender policy was developed and translated into local languages in 1998 and the Ministry for Women Affairs and child welfare was created to further enhance gender development. The efforts of the ministry is further complemented by other national legislations that provide for the promotion of gender equality and women empowerment, like the Affirmative action law that define women as one of the designated groups who were previously disadvantaged and who must be affirmed at the work place.

⁴² [http://www.sos-childrenvillages.org/cgi-bin/sos/jsp/wherehelp.do?BV_sessionID=@@@"](http://www.sos-childrenvillages.org/cgi-bin/sos/jsp/wherehelp.do?BV_sessionID=@@@)

Chapter 5. **HIV/AIDS in Namibia**

Namibia has a population of 1.8 million and approximately 1 out of every 5 sexually active persons is infected with HIV/AIDS. HIV/AIDS is already affecting and continues to affect the economically active population in Namibia, thus creating a dependency on the economically inactive population, especially the elderly and the health care system.

Namibia is one of five countries in Sub-Saharan Africa where HIV prevalence with the highest levels in the world. According to the 2002 sentinel sero-survey, 22.0% of pregnant women in Namibia were found to be HIV positive. The majority of people living with HIV are aged between 15 and 49, an estimated quarter of a million people are infected. In the absence of HIV/AIDS, life expectancy was estimated to reach 65 years in the year 2005. However, due to HIV/AIDS, it is now expected that the average lifetime for Namibians will only be 39 years by 2008.

(a) **HIV and AIDS and gender and the Labour market:**

(i) *Statistics per gender and age groups*

When it comes to reporting the HIV infection, the Ministry of health and Social Services focused mainly on the prevalence amongst women, because it was easy to detect the infection when they are tested at antenatal clinics and hospitals. This must not be viewed as gender discrimination, but a mere practical reality. No one is forced to undergo a compulsory HIV test while those doing so are also advised of their rights and are offered counseling by the Ministry.

The study that was performed in 1992 for the first time and has since been carried out with two-year intervals reveals that the HIV prevalence ratios in pregnant women from 1992-2004 are as follow:

Table 1

Year	Prevalence ratio among pregnant women
1992	4.2%
1994	8.4%
1996	15.4%
1998	17.4%
2000	19.3%
2002	22.0%
2004	19.7%

Every two years the Ministry of Health and Social Services conducts a sentinel survey on pregnant women throughout the country. This standardized methodology is recommended by the World Health Organization as the most suitable way for countries to monitor the trend of HIV infection in different age groups.

The HIV prevalence ratio among pregnant women in different age groups has been broken down as follows:

Table 2.

<u>Age group</u>	<u>HIV prevalence among pregnant women</u>
13-19	10.7%
20-24	21.7%
25-29	28.0%
30-34	26.9%
35-39	21.0%
40-44	16.0%
45+	11.5%

Pregnant women are monitored because they may be representative of sexually active adults, and because during pregnancy they submit routine blood samples for different tests and those blood specimens are anonymously tested for HIV.

- (ii) HIV/AIDS by gender by age group reveals the following statistics.

Table 3.

<u>HIV prevalence among STD patients by age group and gender, Namibia 2002</u>		
<u>AGE GROUP</u>	<u>MALE</u>	<u>FEMALE</u>
13-19	6%	23%
20-24	23%	34%
25-29	38%	48%
30-34	56%	51%
35-39	49%	39%
40-44	51%	34%
45+	31%	28%

Table three shows that HIV prevalence rate is highest (28%) among women at the age groups of between 25 and 29 years. As the ages increase from 30 years and above, the prevalence rate drops. As women become older, their prevalence rate also drops. From the statistics presented above, it is evident that young women in Namibia are most infected by HIV and thus are more vulnerable to the pandemic.

The most obvious impact of HIV/AIDS is an increase in HIV related illnesses and deaths. The number of deaths is expected to level off at about 23, 000 deaths per year by 2006/7, a figure that include an estimate of 20,000 adults deaths and 3,000 children deaths.

The ILO expects that the size of the Namibian workforce will decrease by 35.1% by 2020. This is a serious concern of every Namibian and its development partners. The situation is aggravated by the already skewed skills gap amongst skilled people and an over supply of unskilled labour that has caused unemployment to sour.

The June 2000 *UNAIDS Report on the global HIV/AIDS epidemic*, puts the adult HIV/AIDS prevalence rate in Namibia at 19.5%. This means that about 150,000 people in the age group 15-49 and 6,600 children from 0-14 years of age. A higher number (54%) of women than men were diagnosed in 1999. Women are diagnosed at a younger age than men and the median age of HIV diagnosis was 30 years for women and 35 years for men. The spread of the pandemic in the last few years has mostly affected *young women who are sexually active*.

(ii) *Labour market implications of the HIV/AIDS pandemic*

The response to the pandemic in Namibia is not limited to social protection alone since the pandemic is a developmental challenge that faces the entire nation. A multi-sectoral approach is followed to address the challenges posed by the pandemic. It has a severe impact on employers and employees as well as the dependents of employees who are faced with a substantial reduction of earnings due to persistent absenteeism and a decrease in production.

The private Sector is crucial in achieving economic growth in Namibia. No formal assessment of the impact of HIV/AIDS on businesses has been carried out. However, HIV/AIDS is expected to affect both companies' costs and revenues. The costs of medical care, training and recruitment are expected to increase as a result of HIV related complications and AIDS mortality. Revenues are expected to decline as a result of increased absenteeism, time spent on training, increased labor turnover and a loss of customers.

Loss of employment and individual income, loss of employees without adequate replacement, and a subsequent decline in production and national income post a severe and detrimental effect on the socio-economic stability and growth of the country. This is so in view of the fact that HIV/AIDS affects economic growth and production through the illness and death of productive people and through the diversion of resources from savings to care.

The prevalence of HIV in Namibia's workforce is not known with any degree of certainty. According to the International Labour Organization (ILO), Namibia is projected to lose a quarter to a third of its workers by 2020 (35.1%). Workers in agriculture, construction, and tourism, mining, transport , security , teaching and health care will be affected.

The effect of the HIV/AIDS is also reflected in the life expectancy at birth, which has dropped amongst females from 55.4 in 1999 to 45.6 in 2000. HIV prevalence is still increasing in most parts of the country. HIV/AIDS is the number one cause of death,

accounting for 26% of all deaths in hospitals in 1999. The most obvious impact of HIV/AIDS is the increase in HIV related illnesses and deaths.

HIV and Aids and social security

The impact of HIV/AIDS on the macro-economic and labor context is as follows:

- reduced productivity as HIV infected employees fall ill and fail to perform.
- absenteeism due to HIV infected employees failing to turn up for work, and others attending funerals.
- reduced morale and productivity of the workforce as they work with infected colleagues
- increased wages, especially for companies that rely on skilled labor. As skilled employees fall ill or die, the existing workers demand higher salaries.
- Increased costs, such as medical aid, hospitalization, pension payouts, training and hiring costs and other employee benefits.
- Loss of consumers as the market shrinks due to sickness and death.

According to the estimates from the Ministry of Health and Social Services HIV/AIDS cost the Namibian economy N\$ 8 billion in 2001, which was the equivalent of 25% of Namibia's GDP that year. The International Monetary Fund estimates that 5% of GDP per Capita in Namibia will be lost by 2010 due to HIV/AIDS.

The mortality rate has increased and the life expectancy has decreased dramatically, the fertility levels have dropped pushing the population size and growth in a negative direction. Consequently, HIV/AIDS orphans are born, putting huge pressure on health care and a financial burden on affected households, as AIDS affects mostly people who are in their economically active years, depriving children their right to education when they are taken out of school as a way of coping with AIDS.

(iii) *Rural/urban profile, specifically from a gender perspective.*

Of the 13 regions in the country, those in the North have been particularly hard hit by HIV/AIDS. For example, Omusati, Oshana, Ohangwena and Oshikoto, prevalence rates are as follows: 45.0%, 64.8%, 40.3% and 24.9% respectively. Furthermore, the North represents the most densely populated area with over 60% of Namibians living there.

The report of the 2004 National HIV Sentinel Survey states that from July-October 2004, a total number of 4373 blood samples from pregnant women were collected and tested.

Overall 19.7% of the blood specimens were HIV positive, compared to 22% in 2002. This is the first decrease in HIV prevalence since the start of this survey in 1992⁴³.

- (i) The nature and extent of treatment from the perspective of **medical care and health insurance**;

There has been political and resource commitment at the highest level to ensure that all Namibians living with HIV and their families have access to medical and other services that are affordable, is of high quality and responsive to their needs. Furthermore all Namibians living with HIV/AIDS and their families should not be subjected to any form of discrimination. This has been supported by the budget allocation to the health sector in order to roll out the administration of ARV treatment.

- (ii) **Employment** protection;

In 1997, the then Ministry of Labour (MOL), in conjunction with the Ministry of Health and Social Services, established a set of national HIV/AIDS workplace guidelines. The official workplace program as described by the MOL has three elements:

(aa) policy/ legislative component implemented by the Legal Assistance Centre (LAC) which focuses on inheritance, writing of wills and orphan children.

(bb) a prevention and support element implemented through AIDS Care Trust (ACT) a Namibian NGO, helps companies design workplace programs, and

(cc) a mining industry specific program for workplace intervention and support run by the Chamber of Mines. Employers were urged to follow and implement these guidelines and other relevant policies related to HIV.⁴⁴

- (iii) **Anti-discrimination** protection: This is provided for in the HIV/AIDS guidelines discussed above.

- (iv) The availability of **disability** protection, for purposes of social security support is mainly in the form of cash sickness benefits or disability after a prolonged sickness for a period longer than two years. It is hereafter when the infected and affected persons must approach the state facility for further care and the social security provision leaves the gap to be covered by the state. This situation affects both sexes in the same way, but since women are the majority, they mostly feel the negative impact.

- (v) Aspects of **prevention and reintegration** – for example:

- (aa) The availability of **anti-retroviral** treatment: This item was also discussed in the previous section. (see par. (h) under "Maternity" above).

- (bb) **Awareness-raising** projects:

Empowering all people with information on how to protect themselves from the infection and how the disease is spread best fights HIV prevention. This has been the best tool used

⁴³ Ministry of health and Social Services serol report, 2004.

⁴⁴ ILO hand book contains further guidelines for HIV at the work place.

by all the sectors of the Namibian society engaged in the fight against the pandemic. It has started paying fruits, although there is still much more room for improvement. Both government, NGO's and the private sector are hard at work to inform their employees about the danger posed by HIV/AIDS.

(cc) What is being done to **integrate** those infected and affected (also socially) by HIV/AIDS in the **labour market** and **socially**?

In Namibia there has been a collaborative effort from all stakeholders to address the impact of the pandemic. Support to strengthen the National and Regional Programme Management Structures and to ensure the Coordination and Monitoring of the National Strategic Response to HIV/AIDS in Namibia was agreed upon by the stakeholders with Government playing a major role.

Government and some NGO's have solicited and facilitated continuous support from national and international communities to address all aspects of the impact of the HIV/AIDS pandemic. The business community has joined a voluntary coalition against AIDS called NABCOA – Namibia Business Coalition Against Aids, with the aims of streamlining their efforts to fight the pandemic at the work places.

(b) **Informal framework of protection:** How does informal social security mechanisms respond to the consequences of HIV/AIDS?

There is no documentary evidence on the approach of the informal sector how they organize themselves to fight the pandemic. This may be one big weakness of the multi-sectoral approach to the fight against HIV/AIDS. Studies on informal sector and HIV/AIDS however reveal that awareness of the pandemic is well significant in the informal sector. It therefore follows that the approach to assist the informal sector to fight the pandemic must be revised and strengthened so that they complement those of the formal sector and government.

(c) **Gender dimensions**, with particular reference to issues such as the following:

(i) Are females **more exposed**? Yes, the evidence showed that the rural poor, mostly women are more exposed. The highest infected site was Katima Mulilo in the north east of Namibia with an HIV prevalence rate of 42.5%. This figure indicates that the pandemic affect the rural poor more than urban inhabitants, if one looks at the national average infection figures

HIV/AIDS has also a significant effect on specific sectors of the economy. Its impact is also most evident is the impact on the health care system. The most affected sectors are those require workers to stay away from their homes for long periods, i.e. transport, mining and fishing sectors.

Other sectors that rely on seasonal and short-term workers, such as agriculture, construction and tourism, are also particularly vulnerable to HIV/AIDS. It is evident that

employees in the listed sectors are mostly men, but the impact on women dependants/survivors should not be under-estimated.

(iii) Is there a **heightened burden of care** impacting on women in particular?

There was definitely an additional burden to care for the sick. A program to train home-based care service providers has been started by the Health Ministry in recent years. This was born out the need to care for HIV/AIDS patients at home rather than keeping them in hospitals for extended periods. The contribution of females in this endeavor has been enormous.

(d) How do the social insurance schemes and social assistance programmes, and informal social protection mechanisms, **respond** to these issues?

As discussed elsewhere in this paper, the focus from both economic sectors was aimed at increasing awareness, while attempts to get treatment was being explored. Specifically, the following were key strategies in the fight against HIV/AIDS:

- Mobilize all Namibians to prevent the further spread of HIV infections in adults and children in Namibia, by intensifying support to HIV/AIDS prevention and control efforts;
- Ensure that all Namibians living with HIV and their families have access to services that are affordable, of high quality, and responsive to their needs and are not subject to discrimination;
- Reduce the number of HIV infections in both adults and children through the strengthening of support to preventative efforts;

Chapter 6.

Conclusions

The ILO Labour conference in 2001 held a general discussion on social security, among which gender issues came to the fore. It was evident from this discussion that gender equality in social protection goes beyond simply guaranteeing equal treatment for men and women in the formal sense. The International Labor Standards and gender Equality is unambiguous about this.⁴⁵ It therefore follows that gender functions must receive adequate treatment in modern societies taking into account the changes that have taken place over time in many dimensions of the work and family spheres. One such significant change is the organizing the provision of social protection in view of the new roles women play in the labor market.

While developed countries battle with the challenges of old age and falling fertility rates, developing nations are battling with the challenges of new diseases and high cost of medical care, especially for HIV, women empowerment, and falling life expectancies. The responses to these challenges are certainly different between the developed and developing nations.

Namibia has as a young nation, has been embracing the challenge of empowering women and ensuring that all forms of gender discrimination is dealt with in national laws. The provision of social security was one such measure, by first creating a scheme that provides short term benefits, in the form of Maternity, Sickness and Employment injury benefits.

This scheme has worked well, but due to the delays in adequately reviewing benefits paid by the Funds, the replacement level of the benefits are no longer attractive to the beneficiaries, especially women who receive maternity leave benefits. In this context and other gender related issues, this paper concludes that a review of the entire social security provision in Namibia is warranted.

The paper has highlighted few areas that may be improved, but it is imperative that a thorough study and opinion from the beneficiaries be done, to come up with appropriate social security schemes review/design that takes into account the current Labor market realities.

End.

⁴⁵ ILO 2002a.

Annexes:

Annexure 1 - Table of Payments of MSD benefit by Gender 2003 - 2006

Benefit	Year of start of claim	Sex	Nr of employees	Total Paid
DEATH	2006	F	239	717,000.00
DEATH	2005	F	651	1,952,900.82
DEATH	2004	F	728	2,183,353.51
DEATH	2003	F	732	1,896,000.00
DEATH	2006	M	734	2,202,000.00
DEATH	2005	M	1888	5,659,421.35
DEATH	2004	M	2113	6,331,826.09
DEATH	2003	M	2231	5,786,898.75
DEATH Total				26,729,400.52
DISRE	2006	F	138	414,000.00
DISRE	2003	F	442	1,161,000.00
DISRE	2004	F	498	1,493,500.00
DISRE	2005	F	547	1,641,000.00
DISRE	2006	M	350	1,048,000.00
DISRE	2003	M	1038	2,732,000.00
DISRE	2004	M	1146	3,442,129.79
DISRE	2005	M	1252	3,753,000.00
DISRE Total				15,684,629.79
MATER	2006	F	1883	5,952,482.31
MATER	2003	F	4598	17,391,560.98
MATER	2004	F	4821	17,948,711.05
MATER	2005	F	5035	18,972,771.42
MATER	2003	M	1	3,544.33
MATER	2004	M	1	2,397.94
MATER Total				60,271,468.03
SICKL	2006	F	188	261,912.94
SICKL	2003	F	484	1,589,880.43
SICKL	2005	F	599	1,305,387.90
SICKL	2004	F	600	1,727,856.93
SICKL	2006	M	268	584,298.86
SICKL	2003	M	740	2,731,364.32
SICKL	2005	M	1015	3,346,029.96
SICKL	2004	M	1034	3,996,174.70
SICKL Total				15,542,906.04
Grand Total				118,228,404.38

Annexure 2: Table : Employment comparison between the sexes: 1997 and 2000
NLF Surveys

<i>Industry</i>	1997		2000	
	Fem	Males	Fem	Males
Agriculture	38	35.5	27	30.8
Fishing	1.1	2.1	1.5	2.1
Mining & Quarrying	0.3	2.8	0.3	1.4
Manufacturing	6.4	6.5	5.6	5.0
Elect, gas & water supply	0.3	1.9	0.2	1.6
Construction	0.9	8.3	0.5	9.1
Wholesale & retail trade, repair of motor vehicle	8.2	8.6	10.6	7.6
Hotels and restaurants	0.9	0.6	2.3	1.3
Transport, storage & communication	0.9	5.4	1.0	5.4
Financial intermediation	1.9	2.0	1.2	1.1
Real estate, renting and business activities	5.9	4.3	10.5	7.9
Public administration, Defence and social security	3.6	7.1	4.4	6.8
Education	8.3	4.0	9.2	5.2
Health & social work	4.3	1.4	4.9	1.3
Other community, social & personal services	6.5	5.8	10.7	10.7
Private households with employed persons	11.8	3.2	8.5	2.1
Extra-territorial organisations & bodies	0.1	0.0	0.1	0.1
<i>Employment status</i>				
Subsistence/communal farmer (paid employee)	1.3	1.8	1.6	4.2
Subsistence/Communal farmer (without paid Employees)	16.4	9.0	19.2	11.4
Other employer (with paid employees)	2.5	4.2	4.3	6.0
Other own-account worker (without paid employees)	7.3	3.9	12.9	5.9
Employee (government or parastatal)	18.0	21.7	22.2	23.6
Employee (private)	34.7	51.4	33.9	44.1
Unpaid family worker (subsistence/communal)	15.1	4.9	2.7	1.9

Annexure 3

Distribution of informal economy operators and workers by region and sex

Region	Females	Males	Total
Caprivi	2645	2895	5540
Erongo	3185	3133	6318
Hardap	1468	5226	6694
Karas	1765	3756	5521
Khomas	12157	12949	25106
Kunene	2092	1774	3866
Ohangwena	12058	5174	17232
Kavango	6610	6380	12990
Omaheke	2020	3048	5068
Omusati	6432	5130	11562
Oshana	8920	4827	13747
Oshikoto	6869	3937	10806
Otjozondjupa	4213	3941	8154
Namibia	70434	62170	132604

List of abbreviations used in the text/paper:

1. ACT- AIDS Care Trust
2. AIDS – Acquired Immune Deficiency Syndrome
3. DISRE- Disability and Retirement benefit
4. GDP – Gross Domestic Product
5. HIV – Human Immune Virus
6. ILO- International Labour Organization
7. IOD- Injury on Duty
8. LAC – Legal Assistance centre
9. LaRRI – Labour Resource and Research Institute
10. LFS- Labour Force Survey
11. MATER- Maternity benefits
12. MOL- Ministry of Labour
13. MSD – Maternity-, Sickness- and Death
14. NABCOA- Namibia Business Coalition Against AIDS
15. NAMFISA- Namibia Financial Institutions Supervisory Authority
16. NDP- National Development Plan
17. NGO- Non-governmental organization
18. NPC- National Planning Commission
19. SICKL- Sick leave benefit
20. SOE – State Owned Enterprise
21. SOS – Orphan Children’s Home International
22. SSC- Social Security Commission
23. UNAIDS- United Nations AIDS organization