



**NAMIBIA'S COUNTRY REPORT ON THE AFRICAN UNION
SOLEMN DECLARATION ON GENDER EQUALITY IN AFRICA**

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LIST OF ABBREVIATIONS

ADB	-	African Development Bank
ADF	-	African Development Fund
AFHS	-	Adolescent Friendly Health Services
AIDS	-	Acquired Immuno Deficiency Syndrome
ANC	-	Antenatal Care
ARV	-	Anti-Retro Viral
AUWC	-	African Union Women's Committee
AU	-	African Union
AWCPD	-	African Women's Committee on Peace and Development
CEDAW	-	Convention of the Elimination of all Forms of Discrimination against Women
EFA	-	Education for All
FAO	-	Food and Agriculture Organisation
GDP	-	Gross Domestic Product
GEMSA	-	Gender and Media Southern Africa
GTZ	-	Deutsch Gesellschaft Für Technische Zusammenarbeit
HIS	-	Health Information System
HIV	-	Human Immune Virus
ICTS	-	Information Telecommunication Technologies
IMCI	-	Integrated Management of Childhood Illnesses
ITN	-	Insecticide treated nets
LAC	-	Legal Assistance Centre
MAWRD	-	Ministry of Agriculture, Water and Rural Development
MGECW	-	Ministry of Gender Equality and Child Welfare
MILOB	-	Military Observers
MMR	-	Maternal Mortality Rates
MoHSS	-	Ministry of Health and Social Services
MWACW	-	Ministry of Women Affairs and Child Welfare
MOD	-	Ministry of Defense
NAMBAT	-	Namibian Battalion
NDF	-	Namibia Defence Force
NDHS	-	Namibia Demographic Housing Survey
NEPAD	-	New Partnership for African Development
NGO	-	Non Governmental Organisations
NACOP	-	National Aids Co-ordination Programme
OVC	-	Orphans and Vulnerable Children Policy
PMTCT	-	Prevention of Mother to Child Transmission
PSS	-	Psycho Social Support
SACDBRIG	-	Southern African Development Community Brigade
SADC	-	Southern African Development Community
SARDC	-	Southern African Research & Documentation Centre
SRH	-	Sexual & Reproductive Health

TBA	-	Traditional Birth Attendance
TFR	-	Total Fertility Rate
UN	-	United Nations
UNAM	-	University of Namibia
UNAVEM	-	United Nations Angola Verification Mission
UNAIDS	-	Joint United Nations Programme on HIV/AIDS
UNDP	-	United Nations Development Programme
UNESCO	-	United Nations Educational, Scientific and Cultural Organization
UNFPA	-	United Nations Fund for Population Activities
UNICEF	-	United Nations Children Fund
US	-	United States
WHO	-	Women's Health Organisation
WSIS	-	World Summit on Information Society

INTRODUCTION

Namibia, like many other African countries has a history of gender inequalities, be it economic, social, cultural or political. It is from this experience that the Namibian Government decided to adopt the African Union Solemn Declaration on Gender Equality in Africa at the 3rd Ordinary Session of the Assembly of Heads of States and Government in July 2004 in Addis Ababa, Ethiopia.

The adoption of this Declaration was to join hands with other African states to bring about gender equality on the African continent. Apart from this declaration, Namibia has ratified and adopted so many international and regional legal instruments that will help to bring about gender disparities to an end.

As stated in the Namibian Millennium Development Goal of 2004 as well as in the Vision 2030 gender equality, women empowerment and the fight of HIV/AIDS are some of the priorities of the country. HIV/AIDS is a burning issue to the Namibian society as it is victimizing more women and children. Namibia will continue to initiate legal reform, policies, programmes as well to promote gender equality, as well as to discourage all factors that are contributing to the subordination of women.

The Namibian Government through the Ministry of Gender Equality and Child Welfare in collaboration with other African countries, development partners, non-governmental organizations and civil society joined hands in making gender equality a reality and it is through these assistance in kind or financial that our country was able to fulfill its obligation as stated under the Declaration paragraph 12. Without your help our women and children would have been living in the darkness and as we all know without the contribution of the women in the development of our countries, our economy will not grow fast.

IMPLEMENTATION OF THE AU SOLEMN DECLARATION

1. Accelerate the implementation of gender specific economic, social, and legal measures aimed at combating the HIV/AIDS pandemic and effectively implement both Abuja and Maputo Declarations on Malaria, HIV/AIDS, Tuberculosis and Other Related Infectious Disease. More specifically we will ensure that treatment and social services are available to women at the local level making it more responsive to the needs of families that are providing care; enact legislation to end discrimination against women living with HIV/AIDS and for the protection and care of HIV persons, particularly women; increase budgetary allocations in these sectors so as to alleviate women's burden of care.

Namibia is one of the member states that made several commitments to address and eliminate gender inequalities, Malaria, HIV/AIDS, Tuberculosis and other related infectious diseases. A commitment Namibia is trying by all means to honor and fulfill. The following are some of the ratified international instruments, that are complimentary to the fight against gender inequalities, Malaria; HIV/AIDS; Tuberculosis and other related infections diseases:

The UNGASS Declaration of Commitment on HIV/AIDS

This Declaration comprises of 103 paragraphs, and includes the establishment of a Global AIDS and Health Fund. Namibia agreed to the following priorities in the fight against HIV/AIDS:

- To ensure that all people, but particularly the youth, know what to do to avoid infection;
- To stop the transmission of HIV from mother to child
- To intensify the search for a vaccine as well as a cure; and
- To care for all whose lives have been devastated by AIDS, particularly AIDS orphans

Millennium Declaration and Development Goals:

- Goal 3: Promote Gender Equality and Empower Women by eliminating gender disparity in primary and secondary education preferably by 2005 and at all levels by 2015.
- Goal 6: Combat HIV/AIDS, Malaria and other Diseases by halting and beginning to reverse the spread of HIV/AIDS.

The Millennium declaration also commits states to promote gender equality and other empowerment of women as effective ways to combat poverty, hunger and disease and to stimulate development that is truly sustainable.

Namibia has domesticated the declaration as the Namibia 2004 Millennium Development Goals.

Fourth World Conference on Women (Beijing) Declaration and Platform for Action

Strategic objective C.3- of the Fourth World Conference on women Beijing Declaration and Platform for Action, undertake gender sensitive initiatives that address sexually transmitted diseases, HIV/AIDS, and sexual and reproductive health issues. Sixteen Actions to be taken in order to increase the gender sensitivity of programmes and projects which address HIV/AIDS.

Beijing +5(2000)

Article 3 of the Beijing +5 Outcome Document restates the importance of integrating a gender perspective into HIV/AIDS response, highlights continuing problems relating to the epidemic, and recommends solutions for states and the international community.

It was from the 1995 Fourth World Conference on Women (“Beijing”) Declaration and Platform for Action, that the Namibian National Gender Policy was adopted in 1997 and in 1998 a National Gender Plan of Action. And in these two national documents the following ten critical areas of concern were covered:

- (a) Gender poverty and rural development
- (b) Gender education and training
- (c) Gender reproductive health**
- (d) violence against women and children
- (e) Gender economic empowerment
- (f) Gender power and decision making
- (g) Gender information and communication
- (h) Gender and the environment
- (i) the girls child and;
- (j) Gender and legal affairs

Convention on the Rights of the Child

Section 2 (f) of Article 24 commits States Parties to develop “...preventive health care, guidance for parents and family planning education and services”, which has broad reaching implication for the issue of HIV/AIDS.

Convention on the Elimination of all Forms of Discrimination against Women (CEDAW)

Article 12 of CEDAW commits state parties to “...take all appropriate measures to eliminate discrimination against women in the field of health care in order to ensure, on a basis of equality of men and women, access to health care services, including those related to family planning”. Article 12 is also being used by a number of countries to call for HIV/AIDS prevention and care services.

Apart from the international instruments, Namibia has adopted different legal frameworks, policies and programmes to combat malaria, HIV/AIDS, TB and other infectious diseases. Most of them protect women and girls from circumstances that make them vulnerable to HIV infections and the impact of HIV/AIDS:

Constitution

The Supreme law commits Namibia to eliminate all discriminatory practices based on sex, race, colour, ethnic origin, religion, creed or social or economic status.

Legislation

Combating of Domestic Violence Act No 4 of 2003

Combating of Rape Act No 8 of 2000

Communal Land Reform Act No 5 of 2002

Married Person's Equality Act No 1 of 1996

The Namibian HIV/AIDS Charter of Rights

The Charter is the product of a consultative process involving government ministries, representatives of commerce and industry, NGO's, AIDS service organizations, trade unions, the churches, the medical and nursing profession and people living with HIV/AIDS.

The Charter aims to promote a human rights based approach to HIV/AIDS and provides the following:

- Equal Protection of the Law and Equal Access to Public and Private Facilities and Benefits
- Liberty, Autonomy, Security of the Person and Freedom of Movement
- Privacy and Confidentiality
- Counseling and Training Gender
- Children and Adolescents
- Vulnerable Groups
- Children Orphaned by AIDS
- Prisoners
- Adequate Standard of Living
- Access to Education
- Access to Appropriate Information and Sex Education
- Access to Health Care and Appropriate Treatment
- Research and Clinical Trails
- Employment;
- Insurance and Medical Aid
- Media; and
- Cultural and Traditional Practices

Policy on HIV and AIDS for the Education Sector

The National Policy on HIV and AIDS for the Education Sector, which is applicable to all government and private educational institutions, states that: learners and employees should not be required to disclose their status on HIV related information; educational institutions should supply HIV/AIDS and SHR age/ability appropriate information; no learner or employee can be denied access to an educational institution based on his or her HIV status; HIV positive learners of compulsory school going age are required (health permitting) to attend classes; no learner should be excluded from a government school as a result of their vulnerable status such as their inability to pay school fees; educational institutions should take precautionary measure against HIV exposure due to extracurricular school activities such as the playing of sports

Health Policies

The MoHSS policy since independence has been focusing on better preventative health care services. Namibia had expanded its Primary Health Care Programme, and has developed programmes on issues such as HIV/AIDS, safe motherhood, TB and malaria. Namibia's health policies include the promotion of health education, the continue decentralization of health care provision, supporting a Food Security Network, increasing the training of health care personnel, continuing to improve access to health care facilities, continue the fight against HIV/AIDS and strengthen family and reproductive health care programme

A 2005 sub-regional workshop organized between the African Union, International Planned Parenthood Association and WHO focused on critical issues in SHR. The resultant Windhoek Declaration recognizes the link between SRH rights, population, poverty and sustainable development. Major concerns to be addresses include high rates of maternal morbidity and mortality, high HIV and AIDS prevalence, gender inequality and violence against women.

Reproductive Health Policies

The **Reproductive Health and Family Planning Programme** has been introduced in Namibia with the overall objective of protecting and improving the health of community members, especially women and girls. The objectives of the programmes are to reduce maternal and infant mortality, improve contraceptive use, and improve access to reproductive health services. Namibia's population policy of 1997 is aimed at: alleviating poverty, promoting sustainable development, enabling people through education to make rational family planning choices, reducing levels of fertility through the use of modern family planning methods, promoting human resource development, reducing the overall growth rate from over 3% annually to 2% by 2025 and reducing total fertility to 3.5 live births per mother by 2015

HIV/AIDS Policy

The goals of **National HIV/AIDS Draft Policy (2005)** include the prevention of HIV, the reduction of HIV vulnerability, the improvement of the provision of treatment, care and support of people living with HIV/AIDS and the mitigation of the socio-economic impact of AIDS on people, families and communities. The policy specifically notes the unequal position of girls and women in society, as well as their greater risk to HIV infection and greater likelihood of being affected by AIDS due to biological, social, cultural and economic factors. The policy recommends a multi-sectoral approach for the national response to HIV/AIDS, and calls for an enabling environment in which government and its partners recognize, respect and protect the rights of people living with HIV/AIDS

Guidelines for Anti-Retroviral Therapy (2003) established guidelines for the provision of an Anti-Retro Viral (ARV) drugs. NACOP has also developed Guidelines for Home Based Care. Although the MoHSS does not provide intensive home based care, it supports services for persons providing such care. It has also produced a Handbook for Home Based Care Providers

Youth, Gender and HIV/AIDS Policy

The **Draft National HIV/AIDS Policy (2005)** also makes provision for the protection and care of OVC, defines government policy concerning HIV/AIDS and young people. The policy also states that people should be better protected from adverse with traditional practices that put them, and particularly young girls and women, at risk.

Orphans and Vulnerable Children Policy (OVC)

The OVC Policy provides for the implementation of the social grant system and different support services to orphans and vulnerable children nationwide, this effort is contested by the ever increasing numbers of children orphaned and made vulnerable due to HIV/AIDS and other factors such as violence against women and poverty. The type of support available to OVC is food, Education, Health, PSS, and Protection etc.

National Policy and Strategy of Malaria Control

The purpose of policy is to ensure the provision of prompt, effective and safe treatment against malaria, to minimize the development of resistance and to reduce transmission of malaria. The policy is consistent with malaria control approaches as recommended within the Global Malaria Control Strategy, which aims at reducing morbidity, mortality, social and economic losses due to the disease.

MALARIA

Malaria continues to be a major public health problem in Namibia and thus warrants special attention in terms of monitoring trends, formulating control strategies and prevention at all levels of the health care system and community. Malaria in Namibia is prone to outbreaks with seasonal trends, which is mainly influenced by rainfall.

Supportive environments

- IMCI is operational for improving early diagnosis and prompt management of malaria.
- Roll Back Malaria Initiatives has been adopted to mobilize partners and the community participates and supports the malarial control.
- The established National Vector-borne Disease Control Programme is to formulate and update policies and guidelines on malaria control and prevention and thus prevent deaths and reduce illness and socio-economic losses due to malaria and other vector-borne diseases through progressive improvement and strengthening of local and national capabilities.
- In terms of Mass Mobilization an Africa Malaria Day to raise awareness in the affected communities.

HIV/AIDS, Tuberculosis and Other Related Infectious Diseases

Namibia is faced with an HIV/AIDS crisis of devastating proportions. The HIV/AIDS epidemic is considered the single most important threat to sustainable human development and meeting the medium and longer-term goals of the Millennium Declaration and Vision 2030.

Based on the 2004 HIV sentinel survey of pregnant women, Namibia has an overall estimated HIV prevalence rate for 19.8%, down from 22.3 in 2002 for the childbearing population. This is the first recorded decline in overall prevalence rates in Namibia since the beginning of the pandemic. In the most sexually active age groups, of 15 to 34 years old, there has been a leveling off or decline in prevalence rates. The below table 1 indicates that in the 20 – 24 year old group over 18% and 25.9% in the 25 – 29 years old pregnant women were found to be HIV positive.

Table 1. 2004 HIV Prevalence Rates in Pregnant Women

Age group (years)	Negative	Positive	Total	Prevalence
13 - 19	677	74	751	9.9%
20 – 24	1 092	251	1 343	18.7%
25 – 29	771	269	1 040	25.9%
30 – 34	536	153	699	23.3%
35 – 39	293	93	386	24.1%

40 - 44	114	14	128	10.9%
45+	20	3	23	13.0%
Overall	3 503	867	4 370	19.8%

Source: ADB/ADF, 2006

AIDS has been the number one cause of death since 1996, accounting for 19% of all deaths in hospitals between 1996 and 25% of deaths for 1999, although number is probably higher since 10% of deaths are attributed to TB.

When HIV develops into a full-blown AIDS, the immune system is gradually weakened, leaving the person vulnerable to opportunistic diseases. The most common of such diseases is tuberculosis (TB), and as the HIV pandemic has accelerated, so too has the TB epidemic. Ten per cent of all deaths in Namibia are due to TB, making it one of the most common causes of reported deaths. Notification rates for all forms of TB have risen from 629/1000, 000 in 1996 to 748/100,000 in 2004. The distribution of TB in the country varies between regions: the five regions with the highest TB figures, in order of increasing severity, are Erongo, Karas, Oshikoto, Hardap and Caprivi. In some areas as many as 80 per cent of TB patients are also infected with HIV, in the WHO report 2006, 61% of these patients are HIV infected.

Gender and HIV/AIDS

There are differences in HIV and AIDS prevalence rates by sex. In 1999 women accounted for 54% (8028) of all new cases of HIV infections. Women who died from AIDS are an average of 5 – 10 years younger than men, and they account for more deaths in the 30 – 34 years old age groups compared to the 35 – 39 old groups for men. Women are also diagnosed at a younger age than men, given that the median age of HIV diagnosis is 30 years for women and 35 years for men. In addition, young women between the ages of 15-24 have an overall infection rate of 18.8% - 20.8%, compared to corresponding estimates for young men of 7.9% - 10.4%. The percentage of young women living with HIV is 29% compared to only 8% for young men. Although women are physically more vulnerable to HIV infection, biology alone does not account for the significant sex differential. Gender inequality is a significant co-contributor to the spread of HIV. Consequences of gender inequality and patriarchy, such as gender-based violence, women in poverty and women's lack of access to social and economic resources, place them at particular risk.

Girls are particularly at risk of HIV infection due to their earlier exposure to the disease, usually by older men who exploit girls and young women's low socio-economic status by having sexual intercourse with them in exchange for small gifts or money. In addition, many girls are exposed to HIV infections by their male cohorts because social norms consider sexual intercourse a necessary part of dating.

Women are more likely than men in Namibia to live in impoverished circumstances and their economic and social marginalization place them in HIV risk taking situations. For many women, their economic dependence and lack of empowerment means that they

do not have the right to refuse high risk sexual behavior or to enforce condom use, even if they know their partners have not been unfaithful. Many married women risk HIV infection because they do not have control over their husband's sexual behavior and they cannot demand condom use.

Supportive Environment

The Namibian government together with its stakeholders is committed to combating HIV/AIDS in accordance with international commitments such as the UNGASS Declaration of Commitment on HIV/AIDS. A range of policy initiatives some indicated above are underway or in place to support the national fight against HIV/AIDS. The Government of Namibia is in the process of finalizing stand alone national policy. The Namibian Constitution sets out a Bill of Rights that addresses issues of HIV/AIDS and human rights. The Namibian HIV Charters of Rights and a Code on HIV/AIDS in employment have been compiled defining the legal and human rights of people living with HIV/AIDS.

The Third Medium-term Plan under the National Strategic Plan on HIV/AIDS has been finalized to guide the national programme from 2004 to 2009. The plan has five components:

1. creating an enabling environment, e.g. through sustained leadership, commitment and policy reform;
2. prevention with interventions targeted at services providers, young people, vulnerable populations and the general public;
3. access to treatment, care and support services, including a national programme to provide ARV treatment;
4. impact mitigation to strengthen community capacities to respond, and provide services and care;
5. effective coordination and management, capacity development, monitoring and evaluation, and surveillance and research.

The government of Namibia is committed to improve the sexual and reproductive health of the Namibian population. A number of important initiatives during the past years to enhanced sexual and reproductive health in Namibia include the following:

Male and Female Condoms

The MoHSS distribute both male and female condoms country-wide, whereas the MGECSW provides both the male and female demonstrations and training at all levels.

Safe Motherhood

The safe motherhood programme covers pre-natal care, deliveries and postnatal care services. The pre-natal and postnatal care services are being provided at all health facilities such as; clinics, health centers, district hospitals and referral hospitals. Mothers are provided with the following spectrum of services, ante natal care services during pregnancy, safe midwifery and delivery services during labour and postnatal care. In 2000 around 78% of deliveries were assisted by skilled attendant as compared to 68% in 1992 (2000 NDHS)

Traditional Birth Attendants (TBAs) still play an important role in home deliveries especially in certain communities and regions. A training curriculum was developed to train TBAs in the management of safe deliveries with emphasis on hygiene. TBAs are encouraged to refer women to health facilities during pregnancy, labour and after delivery.

Maternal Mortality Rates (MMR) remains a challenge in Namibia as the latest statistics stands at 271 per 100 000 live births (NDHS, 200). The major direct causes of maternal mortality include ruptured uterus, hemorrhage, hypertensive diseases and septicemia. The MMR is aggravated by exposure to diseases such as HIV/AIDS, malaria, tuberculosis, malnutrition, and other factors including lack of appropriate quality care practices, limited access to health services and late referrals

The MoHSS has started with the implementation of Prevention of Mother to Child Transmission (PMTCT) programme in 2002. The aim is to prevent vertical transmission of the HIV virus to the baby, to prolong the lives of mothers and their partners to enable them to care for their babies. Since June 2006 all 34 district hospitals and some clinics and health centers are providing PMTCT services to ANC clients. Services are integrated into, routine antenatal care (ANC) anti maternity care services. Health service providers at antenatal care clinics and maternity/labor wards provide the services,

2.2 Family Planning

Family Planning services are available as free services to all Namibians including men who request them. All (100%) health facilities in Namibia provide Family Planning services, counseling and contraceptives commodities to all sexual active clients (men and women) who demand for it . The total Fertility Rate (TFR) has declined fro 5.4 in 1992 to 4.2 in 2000 (15 – 49 year olds) and the contraceptive prevalence rate has increased form 23% in 1991 to 37% in 2000.

Health workers (nurses) were trained in family planning through workshops and in-services trainings to update their knowledge and skills to be able to provide quality family planning services to clients.

According to the Ministry of Health and Social Services (MoHSS) Health information system (HIS) the majority (31%) of new FP recipients were women in the age 20-24,

followed by 25% for women in the age group 15-19 years. 20% accounts for women between 25-29 years, while 12% was women in the age group 30-34 and only 7% of women above 25 years were recorded as new recipients for FP during the reporting period. The trend over the five year period (2001-2006) does not indicate any significant difference.

In recent years there have been creation of a variety of anti-HIV/AIDS initiatives from different sectors, including churches, labor unions, voluntary organizations and community based organizations. In particular, groups representing people living with HIV/AIDS need to be involved not only as meaningful participants in policy and programme discussion, but also in the organization and agencies that implement the programmes. The private sector formed a Namibian Business Coalition to support the national campaign. So far 50 of the Namibia's largest companies have signed up and many have or are in the process of implementing HIV/AIDS policies and work place programmes.

2.2.1 Teenagers Pregnancy

The Ministry of Health and Social Services (MOHSS) currently implement the Adolescent Friendly Health Services (AFHS) initiative in 12 out of 34 health districts. The aim is to make health facilities more accessible and responsive young people's particular needs.

The still relatively limited access for adolescents to RH services is due to issue related to approach and attitudes of health workers and continues to contribute to a number of sexual and reproductive health concerns. These include higher number of teenager pregnancies, early school drop out, unsafe abortions, STDs including HIV/AIDS among young people.

Teenager pregnancy is very common while transactional sex as well as sexual violence is on the increase. According to the MoHSS health information system (HIS, 2005/2006), about 18% of women attending first ANC services are under the age of 20 years. Teenager girl also account for 9% of Namibia's total fertility rate.

On the other hand, there are encouraging signs that HIV prevalence amongst pregnant adolescents has declined during the past 5 years. According to Namibia's bi-annual HIV/AIDS sentinel zero survey results, prevalence in the 13 to 19 years old age bracket has for example decreased from 12% in 2000 to 11% in 2002 and further to 19% in 2004.

Impact Mitigation

Services for orphans and other vulnerable children is a growing need in Namibia. As mentioned above the OVC programme

Budgetary allocation

The MoHSS budget comprises about 14% to 16% of total government expenditures since 1990. In addition, international aid agencies contributed between US\$6.4 and US\$10.7 million annually over the past five years to improving the health care sector. The public expenditure for health is 4.2% of GDP (up from 3.7% in 1990), while private expenditure is 2.9% GDP, with a per person per capita expenditure of US\$366. The provision of health care services is split between government (70 – 75%), missions (15 – 20%) and the private sector (5%).¹

The following development partners have been and are continuing to help Namibia in combating HIV/AIDS, namely Global Fund; U.S Government; European Community; Government of Germany; UNICEF; Bristol Myers Squibb Foundation; UNFPA, DfiD-United Kingdom Government; Government of Denmark; UNAIDS; Government of France; UNDP; WHO; Government of Sweden; UNESCO; Government of the Czech Republic; FAO; Government of Spain and ILO.

Social Services available to women at local level

The MAWRD in conjunction with FAO has implemented several measures and services aimed at enhancing agricultural extension capacity and outreach programs to communal farmers, including female-headed households. The services include the provision of information/communication and advisory services aimed at changing societal perceptions and attitudes. This is done through workshops on gender awareness conducted by the MAWRD to empower Agricultural Extension Officers with gender analytical skills. In order to increase efficiency of extension officers, twelve Agricultural and Rural Development Centers were established to enhance contact between extension workers and female farmers.²

The government is also addressing food security and malnutrition issues through its Support to Food Security Program. This is done through different projects including the Food For Work Program, Food Security and Nutrition Program, the Emergency and Drought Relief Program, the Empowerment of San Communities for household food security and the Namibia School Feeding Program. There is also a National Strategic Program on Poverty Reduction based in the Office of the President under the National Planning Commission which is aimed at uplifting the Namibian people's living standards.³

There are also other programs, such as, the Affirmative Action Loan Scheme from the Ministry of Agriculture Water and Rural Development where women are benefiting from the loans. The Agricultural Bank of Namibia also offers loans to farmers aimed at

¹ ADB/ADF, 2006

² MWACW, 2005

³ *ibid*

proving their agricultural activities with low interest rates and women are beneficiaries from this scheme.

The MGECW also provides grants to women to assist them in establishing small projects to generate income. MGECW facilitates women's participation in Trade Fairs and assist women exhibitors with transportation to and from the fairs and buy them stalls. The Namibian National Women in Business Association is a body that also facilitates women who are in business through the sharing of information and capacity building. The Small Business Credit Guarantee Scheme also provides loans to both men and women and so far 1706 women have benefited from their scheme.

Recreational and Craft Centers are very important to local communities. The Centers are used as places where vulnerable and orphans and affected families receive counseling services, after care services and basic needs such as social children's grants. The craft centers are country wide and used by disadvantaged communities especially women to come together for training and information sharing as well as to sell their handcraft and other goods produced at the centers. These are not the only programmes on the grounds a lot is done especially by stakeholders.

2. Ensure the full and effective participation and representation of women in peace process including the prevention, resolution, management of conflicts and post-conflict reconstruction in Africa as stipulated in UN Resolution 1325 (2000) and to also appoint women as Special Envoys and Special Representatives of the African Union

Article 10 of the Namibian Constitution section (1) states that "all persons are equal before the law", it further states in section (2) that 'no persons may be discriminated against on the grounds of sex...It is from this Article in the Supreme Law that women's constitutional rights are stated. This is an indication that women can equally participate and fully involve themselves in all efforts particularly for maintaining and promoting of peace and security.

Affirmative Action Act (No 29 of 1998) AAA is a serious attempt which aims to bring about equality of opportunity in employment, improving conditions of the marginalized groups and eliminate discrimination.

The Namibian Government through the Ministry of Gender Equality and Child Welfare has adopted the National Gender Policy in 1997 and the National Plan of Action on Gender in 1998. It is in these two national documents that the government committed itself to involve women in all activities aimed at resolving conflicts. It will for example try to appoint equal numbers of men and women as judges, and on international peace mission. In addition the government has committed itself to support research on peace and conflict resolution.

Below is a summary of women in decision making positions in politics, political party structures are not included:

Table 2: Women in Cabinet and Parliament in Namibia.

Portfolio	Total	Male	Female	% of female
Prime Minister	1	1	0	0
Deputy Prime Minister	1	0	1	100%
Ministers	22	20	5	23%
Deputy Ministers	20	15	5	25%
Speaker of the National Assembly	1	1	0	0
Deputy Speaker of National Assembly	1	0	1	100%
Members of the National Assembly	78	57	21	27%
Members of the National Council	26	19	7	27%
Chairperson of the National Council	1	1	0	0
Deputy Chairperson National Council	1	0	1	100%
Total number of MP's	104	76	28	27%

Source: National Assembly and National Council, 2005.

The above table 2 shows that there has been an increase in the number of women members of parliament, from 20% to 27%. This has been largely contributed by the increase in the number of women members of the National Council from two during the previous elections to seven currently. It is important also to note that there have been major new developments with the new parliament – the appointment of a woman Deputy Prime Minister, Deputy-Speaker of the National Assembly, Minister of Justice and Attorney- General, the Minister of Finance and the Deputy Chairperson of the National Council.

Table 3: Women in Regional and Local Authority Councils

Position	Total	Males	Females	% of female
Regional Councilors	107	94	13	12%
Regional Governors	13	9	3	23%
Local Authority Councilors	299	165	134	45%
Mayors	30	22	8	27%
Deputy – Mayors	28	14	14	50%

Source: National Council 2005, ALAN 2004.

There are greater improvements at regional and local levels with the increase in the number of women regional councilors from 5 to 13, governors from one to three. Women in Local Authority have increased their representation from 42% to 45%, hence making local government the only area in Namibia which has gone far beyond the SADC minimum target of 30% women representation by 2005.

Compared to pre-independence, there is considerable evidence (although statistics are not readily available) that the percentage of women in the police has increased. The same can be said of women as magistrates, prosecutors and lawyers as well as other legislative administrators.

Both the Ministry of Safety and Security and Ministry of Defence have gender desks, and have developed a strategy and action plan for mainstreaming gender. This is in line with the Windhoek Declaration and the Namibia Plan of Action on Mainstreaming a Gender Perspective in Multi-dimensional Peace Support Operation (S/2000/693).

The Ministry of Defense and Namibia Defense Force (NDF) in particular, attach great importance and have serious consideration of the famous UN Security Council Resolution 1325 of 2000 on women, peace and security.

The NDF view the definition of gender as social roles and interaction between men and women, rather than to their biological difference. Thus, since it is inception number of women recruitment in its rank and files has been increasing significantly. To this end, NDF has made resounding success on the implementation of UN Resolution 1325 by deploying women in peacekeeping operation as per breakdown below:

(a) UNAVEM III (Angola)	-	03			
(b) Ethiopia / Eritrea	-	02	MILOB		
(c) Burundi	-	01	MILOB		
(d) Liberia	-	01	MILOB		
	-	97	NAMBAT	I	2003
	-	105	NAMBAT	II	2004
	-	115	NAMBAT	III	2005
	-	104	NAMBAT	IV	2006

Equally, Namibia has pledge Motorized Coy strength to the SACDBRIG Standby Force which will be composed of both men and women.

3. Launch, within the next one year, a campaign for systematic prohibition of the recruitment of child soldiers and abuse of girl children as wives and sex slaves in violation of their Rights as enshrined in the African Charter on Rights of the Child;

Child Labour Namibia has ratified the Worst Forms of Child Labour Convention in 1999. It is from the same Convention No 182 were “countries must define a list of hazardous activities that are considered worst forms of child labour to be prohibited to

children under 18 years. Government, organized labour and employer's organizations must work together in the process and consult other stakeholders as well."

In compliance with the above Convention, Namibia, South Africa, Lesotho, Botswana and Swaziland have joined hands to work towards adoption of own National Action Programmes on the Elimination of Child Labour (APECs') which is hoped to be finished late 2006. This is planned to include:

- Increasing knowledge and information on the extend nature and causes of worst forms of child labour;
- Assessing the policy and economic environment;
- Formulating a programme of action to eliminate the worst forms of child labour and to address with other forms of child labour and;
- Sharing experience and good practice in addressing worst forms of child labour

Child Marriage no formal research has been undertaken. The minimum age for civil marriage is set at 18 years for both boys and girls, but there is no minimum age set yet for customary marriage. The forthcoming Recognition of Customary Marriage Bill is expected to similarly set the minimum age for customary marriage at 18 years.

Sex Slaves the Children's Act (No 33 of 1960) makes it an offence for any person having custody of a child to ill treat neglect or abandon that child in such a way that unnecessary suffering or injury to a child's mind or body is likely to result.

In theory, parents who abuse or allows a child to be sexually abused would be held criminally liable. However, difficulties will arise where sexually abused children do not have parents or where these children escape from their parent's authority. Under those circumstances parents of the minor children may escape criminal liability.

The Immoral Practices Act (No 23 of 1957) makes it an offence for an adult to have sexual relations with a girl less than sixteen years of age. The most advanced law that Namibia has on rape is Combating of Rape Act (No 8 of 2000). This law prescribe minimum sentence for rape it makes it also a crime for an adult to have sexual relation with a girl or boy less than fourteen and the perpetrator is more than three years older.

4. Initiate, launch and engage within two years sustained public campaigns against gender based violence as well as the problem of trafficking in women and girls; Reinforce legal mechanisms that will protect women at the national level and end impunity of crimes committed against women in a manner that will change and positively alter the attitude and behavior of the African society

Namibia has enacted a Domestic Violence Act (No 4 of 2003); the development of this Act was prompted by the widespread and high incidences of domestic violence against women and children in Namibia. This legal mechanism is "...to provide for the issuing of protection orders in domestic violence matters relating to domestic offences; providing

for police duties in respect of domestic violence incidents amending the Criminal Procedure Act of 1977; and providing for incidental matters.

The Act explicitly defines domestic violence as a crime and provides a broad definition of domestic violence that includes physical, sexual, economic, intimidation, verbal or psychological and emotional abuse and harassment. As stipulated by this Act victims may lay charges with Police's Women and Child Protection Unit as these units are decentralized in all thirteen regions. After the Act was passed a Committee was set up to oversee proper implementation of the Act and it consists of various governmental and non-governmental organizations.

Namibia is signatory to many regional and international instruments which aims at abolishing gender based violence such as The SADC Addendum on the Prevention and Eradication of Violence against Women and Children and the UN Convention on the Elimination of All Forms of Discrimination against Women. Adopting all these legal measures is an indication that Namibia is committed to combat violence against women and children.

The government in collaboration with its stakeholders has join hands with the international community on UN recognition and under written 16 days of activism campaign for No Violence Against Women. In 2005, the campaign which commenced on 25 November and ended on 10 December 2005 (Human Rights Day) was the biggest effort and campaign since 2000.

Trafficking of women and girls Namibia is signatory to the UN Convention on the Rights of the Child; Protocol to Prevent, Suppress and Punish Trafficking in Persons Especially Women and Children; Supplementing the United Nations Convention against Transnational Organized Crimes; Optional Protocol to the Convention on the Rights of the Child on the Sale of Children, Child Prostitution and Child Pornography and African Charter on the Rights and Welfare of the Child.

Trafficking of women and girls in Namibia does not exist. However, at least one case have been reported which involved the transportation of a young Namibian woman to South Africa for forced prostitution.⁴

5. Ensure the active promotion and protection of all human rights for women and girls including the right to development by raising awareness or by legislation where necessary

Namibia is signatory to the African Charter on Human Rights and People's Rights on the Rights of women in Africa, UN Convention on the Rights of the Child, Optional Protocol to the Convention on the Elimination of All Forms of Discrimination Against Women and Children.

⁴ MWACW,2004

Adopted at independence is the Namibian Bill of Rights in the Constitution. The enshrined Bill of Rights protects the Fundamental Human Rights and Freedom of men, women, boys and girls. It is in this same Bill, where gender equality is stipulated. One of the State Policy as stated in the Constitution is the ‘enactment of legislation to ensure equality of opportunity for women, to enable them to fully in all spheres of Namibian society; in particular the Government shall ensure the implementation of the principle of non-discrimination in remuneration of men and women; further, the Government shall seek, through appreciation, to provide maternity and related benefits for women.’

The Government through the Ministry of Gender Equality and Child Welfare provide legal literacy workshops to both men and women.

<p>6. Actively promote the implementation of legislation to guarantee women’s land, property and inheritance rights including their rights to housing</p>
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Namibia has enacted some of the laws that could reduce the tension of women’s land and property and inheritance rights including their rights to housing. The following are some of the Statutes:

Agricultural (Commercial) Reform Act (No 6 of 1995) this Act provides for the acquisition of agricultural land by government for the purpose of land reform and redistribution to Namibian citizens. The land reform and redistribution process focuses on those who do not own or otherwise have the use of agricultural land or adequate agricultural land, and foremost to those Namibian citizens who have been socially, economically or educationally disadvantaged by past discriminatory laws of or practice.’ The introduction of the Married Persons Equality Act entitled women farmers to equal as well as independent land ownership under the Agricultural (Commercial) Act. The Married Persons Equality Act abolished marital power and section 5 provides for equal powers of spouses married in community of property.

In addition to the Commercial Act is the **Communal Land Reform Act No 5 of 2002** this Act provides for the equal rights of women to apply for and be granted land rights in communal areas. Before the Communal Land Reform Act, many women had little chance of acquiring land after their husband’s death. Section 26 (2) (b) of the Act provides the following:

“A customary land rights ends when the person who held that right dies. The Communal Land Reform Act determines that a customary land rights reverts back to the Chief or Traditional Authority who has to reallocate it to the surviving spouse. If there is no surviving spouse, or the spouse refuses the allocation, the rights has to be allocated to the child of either or a later marriage. The Chief or Traditional Authority must determine which child is entitled to the allocation of the right in accordance with the customary law.”

The important point here is that a surviving spouse, man or woman, must have first option to the property or customary land rights. Since independence the resettlement program under the Ministry of Lands, Resettlement and Rehabilitation has resettled 1 526 people on farms, out of which 252 are women and 29 are people with disabilities.⁵

Married Persons Equality Act (No 1 of 1996) the Act is aiming at eliminating Roman-Dutch law concept of marital power which previously applied to civil marriages. Husband and wives married “in community of property” must now consult each other on all major transactions, and they are subject to identical power and restraints. Husband and wives married “out of community of property” now have the same rights to deal with their separate property independently.

In 2005, the Government in collaboration with the Development Partners of such as FAO, UNICEF, UNDP, UNAIDS, UNESCO, UNFPA and UNIFEM, Oxfam Canada and GTZ held a National Conference on Women’s Land and Property Rights and Livelihood in Namibia, with special Focus on HIV/AIDS. The conference constituted the first in many steps toward addressing these complex issues from a national perspective, while bring experience from the southern African regions as well. Stakeholders discussed how they could collaborate more effectively by way of projects, programmes and other mechanisms, including legal and policy reforms for land administration, civil society advocacy, in order to stop women and children from being stripped of their rights to own the means to survive particularly in the context of the HIV/AIDS pandemic. The conference was structured into five broad themes under which various stakeholders made pertinent presentations, and they were (a) legal issue of women’s rights to land and property in Namibia; (b) Traditional institutions on women’s land and property rights; (c) HIV/AIDS, land and property rights, and livelihood strategies; (d) Namibian Experience; and (e) Regional experience.

As follow up to this conference the MGECW is planning to have a consultative meeting with key stakeholders that were identified in the conference in order to find a way of implementing some of the key actions proposed. In addition the Ministry is panning for key ministerial staff in these areas together with selected widows from women’s groups to undertake a tour to Swaziland to learn from women’s experience in that country.

7. Take specific measures to ensure the education of girls and literacy of women, especially in the rural areas, to achieve the goal of "Education for All" (EFA);

Article 20 of the Namibian Constitution states that:

1. All persons shall have the right to education;
2. Primary Education shall be compulsory and the State shall provide reasonable facilities to render effective this right for every resident within Namibia, by establishing and maintaining State schools at which primary education will be provided free of charge;

⁵ MWACW, 2004

3. Children shall not be allowed to leave school until they have completed their primary education or have attained the age of sixteen (16) years, whichever is the sooner, save in so far as this may be authorized by Act of Parliament on grounds of health or other considerations pertaining to the public interest;...

These three sections stated above have no trace of discrimination of who should be educated and who should not be educated. One of the ten critical areas of concern as stated in the National Gender Policy and National Gender Plan of Action is on Gender and Education and Training.

Since independence there has been great progress in making education free and accessible for all. The total number of learners in primary school has increased by 16 percent, 92 per cent of 7 – 13 years olds, the official primary school age, are in school. Primary school enrolment rates in Namibia are higher for girls than for boys. Evidence from around the world tells us that educating girls is the key to development as it leads to better health and more freedom and welfare. The effectiveness of Namibia's primary schooling system has also improved over the past decade. The survival rate or the share of Grade 1 learners that reach Grade 5 has been increasing steadily, 75 per cent in 1992 to 94 per cent in 2001.

Generally, the survival rate for girls has been slightly higher than that of boys. However despite the enrolment rates and improved efficiency of the primary schooling system, the literacy rate for 15 – 24 years olds has been stagnant. In 2001 a total of 89 per cent of youth aged 15 – 24 years old were considered literate, which is the same as in 1991. Generally, the literacy rate among the age of 15 – 24 is higher for females than males. The adult literacy rate was 83, 7% for women and 84,4% for men.

The Government through the Ministry of Gender Equality and Child Welfare provides legal literacy to both men and women. There have been a lot of efforts from the Non-governmental Organizations to train communities on gender equality and legal issues

8. Undertake to Sign and ratify the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa by the end of 2004 and to support the launching of public campaigns aimed at ensuring its entry into force by 2005 and usher in an era of domesticating and implementing the Protocol as well as other national, regional and international instruments on gender equality by all States Parties

The Namibian Government ratified the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa in August 2004. On the 16 – 17 November 2005 the Ministry of Gender Equality and Child Welfare held a National Workshop to recommend programmes to ensure the full implementation of the Protocol

Consultative meetings with relevant stakeholders were held on the Protocol to work out strategies on the implementation of workshop recommendations.

9. Establish AIDS Watch Africa as a unit within the Office of the Chairperson of the Commission who should render annual report on HIV/AIDS situation in the continent during annual Summits; and promote the local production of anti-retroviral drugs in our countries.

10. Accept to establish an African Trust Fund for Women for the purpose of building the capacity of African women and further request the African Union Commission to work out the modalities for the operationalisation of the Fund with special focus on women in both urban and rural areas.

Challenges and Recommendations

MALARIA

- Lack of expertise in different areas of malaria control such as epidemiology/Parasitology, and tropical medicine hampering the success of the programme activities at all level. Namibia need to encourage and sensitize school graduates the need for parasitologists / epidemiologists, and the Namibia must avail bursaries for them to further their studies in those courses.
- Poor coverage of ITN's and delay in collection and distribution of the nets allocated to the regions. The MoSS needs to work in collaboration with influential leaders in the communities where they cannot reach for community initiatives to cover all areas with ITN's.
- Poor supervision of malaria control activities at all levels due to lack of transport, the MoSS should involve community members to do voluntary work, emphasis should be based more on the way these communities can benefit from the project.
- Inaccurate report of the malarial weekly statistic from regions/districts increasing the trend of malaria for that specific year. Staff members should receive continuous training on the importance of reporting accurate data.

HIV/AIDS

- The central challenge in the fight against HIV/AIDS is to mobilize all of society-Government, fight-based organizations, people living with HIV/AIDS, the private sector, civil society, comities, families, individuals-in scaled up effort to prevent further spread of the diseases; provide treatment, care and support for those infected; and mitigate the impacts for the epidemic on human development.
- Namibia has done a lot to ensure that health facilities are accessible to both men and women. Especially family planning but, prevailing cultural and traditional practices of some community members continue to distort power relations to disadvantage women. Gender sensitization and legal literacy should continue at all level of society.

- Shortage of trained human resources. Rotation of staff causes interruption of treatment, as well as over-reliance on expatriates for services that require frequent orientation on national guidelines and policies. The need to build up national capacity is crucial.
- Services for people living with TB/HIV are still very limited, although treatment for opportunistic infectious is available, comprehensive strategies on TB/HIV collaborative activities are still in the early phases of development through the TB and HIV/AIDS strategic plans. Financial assistance is needed in order to bring to standard the services of TB/HIV patients.
- Capacity for research in the programme is limited due to a lack of competence, experience, and supportive and facilitating mechanisms to conduct quality research. As a result major programme-related research topics remain unanswered, making research a priority area of the programme.
- The poor socio – economic situation of women combined with long distances contributes to women not utilizing health facilities where skilled birth attendants are available. Financial assistance is also needed to make sure that clinics are build in remote areas to make life easier for women’s maternal health.
- Namibia is faced with a big problem mostly caused by the HIV/AIDS pandemic. A lot of children drop out of school to take care of their sick and dying parents and they never return to school after their parents have died. Existing interventions needs to be strengthened (e.g. home based care) for children to continue with their school.
- Although there are other factors contributing to the spread of HIV/AIDS, violence and abuse is rated among one of the contributing factors to HIV and AIDS.

Gender-Based Violence

Despite the Combating of Domestic Violence Act and Combating of Rape Act in place e the increase of gender violence. Each year about 600 cases of rape and 150 cases of attempted rape are reported to the Namibian police. Because it is believed that only about one in every 20 rapes that take place are actually reported to the authorities, therefore as many as 15, 000 people a year could be victims of rape or attempted rape.

More than 20 percent of all violent crime in Namibia occurs in the form of domestic violence. At least 2,000 cases of domestic violence are reported to the police annually. On average, about 300 cases of child abuse are reported each year. Although men and boys also face domestic violence especially rape women and girls are the most victims.

Women should be encouraged to stand up for their rights. Other stakeholders especially the civil society, development partners as well as non-governmental organizations should continue to fight against gender-based violence. It is also recommended that legal literacy should be integrated in the school curriculum in order to sensitize children on their rights.

Women in Politics and Decision Making

- Women are still underrepresented in decision making positions. According to the African Development Bank report of 2006, there are main challenges to women's greater participation in governance and decision making such areas are (i) advocacy campaign to influence attitudes towards female politicians; (ii) skills upgrading of women politicians; (iii) education and information campaigns of male and female voters; (iv) legal reforms which favor greater participation of women in decision making such as quota, electoral laws etc.; (v) promotion of women at managerial level in the private sector; and (vi) coordination of the activities of stakeholders active in this areas to avoid duplication.

Inheritance

Namibia has laws and policies in place to protect women's land and property rights, but most of women have not benefited from such policies and laws due to the lack of knowledge, limited access to information, an absence of appropriate administration, and women's limited capacity to enforce their rights. Consequently, discriminatory customary laws and inheritance practices remain a problem, leaving widows and orphans with very little on which to build a livelihood. Whereas legal reform for women's right to land and property should continue, there is a need to pay equal attention to grass-roots activities regarding legal aid, land literacy, and various support activities for women who are deprived of their rights and their space as a means to sustain their livelihood.

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