A SITUATION ANALYSIS OF CHILDREN AND WOMEN

IN NAMIBIA

UNICEF

WINDHOEK
MARCH 1991

NISER
NAMIBIAN INSTITUTE FOR SOCIAL AND ECONOMIC RESEARCH
UNIVERSITY OF NAMIBIA

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UNICEF Namibia

and the

Namibian Institute of Social and Economic Research (NISER)
University of Namibia

in consultation with the

Government of the Republic of Namibia

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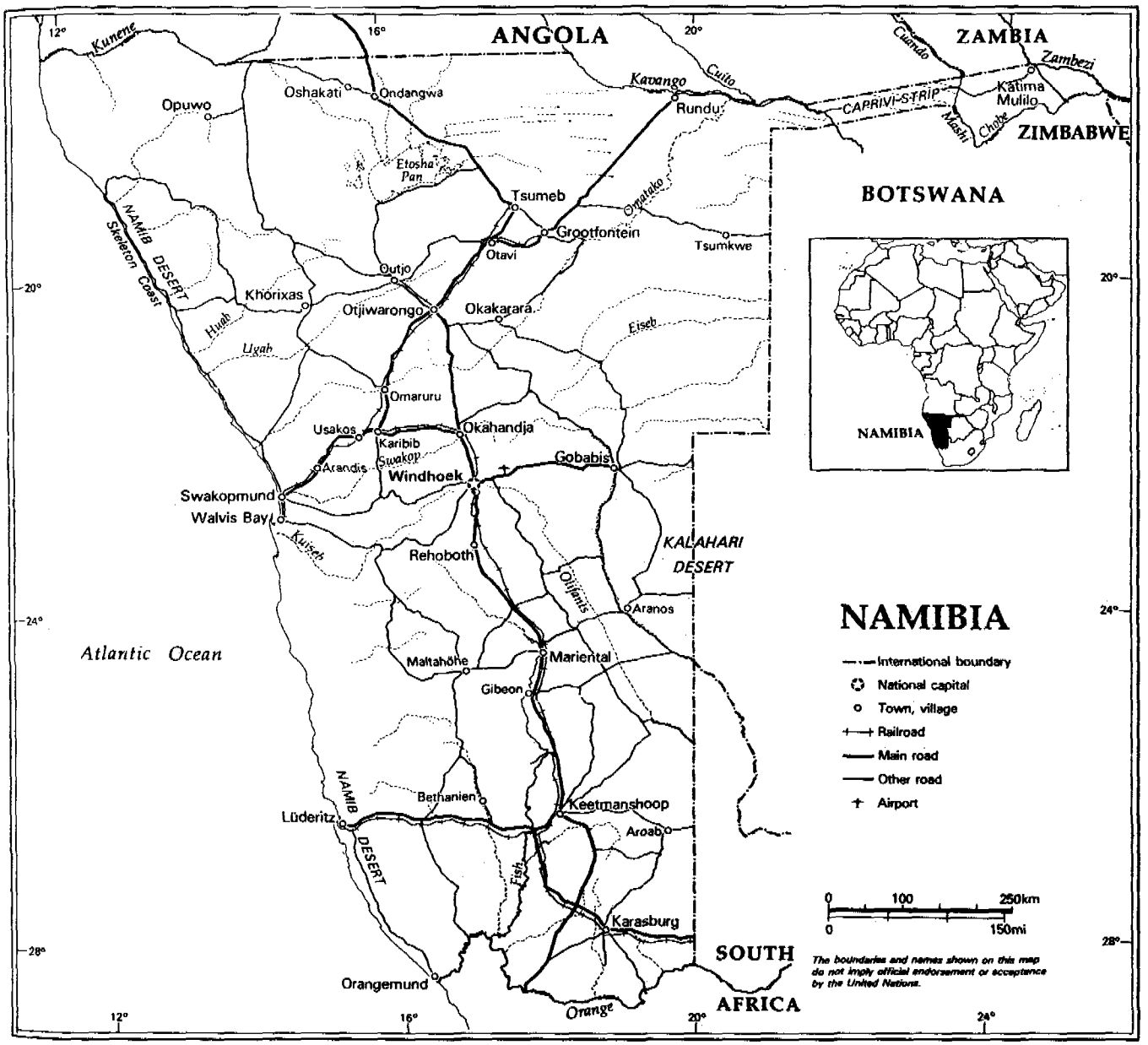
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Walvis Bay
Rehoboth
Aranos
Maltahöhe
Mariental
Gibeon
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Karasburg
Orangemund
NAMIBIA
International boundary
National capital
Town, village
Railroad
Main road
Other road
Airport
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The boundaries and names shown on this map do not imply official endorsement or acceptance by the United Nations.
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FOREWORD TO THE NATIONAL PAPER ON
"THE CHILDREN OF NAMIBIA"

African tradition has largely maintained that children "should be seen and not heard" - an unfortunate disposition which has perpetuated neglect of our children's needs, thereby gravely and irreparably damaging society in its entirety.

But a new era has dawned in Africa where political independence has demanded a new consciousness, which clearly recognises that the children of today are the elders and leaders of tomorrow and that practical steps must be taken to ensure that the future lies in competent, trustworthy hands.

Physical, emotional, mental and spiritual wellbeing in any individual or society can only develop and evolve with the realisation of such basic necessities as a well-balanced diet, adequate shelter and proper education.

Governments, parents and, indeed, all responsible and influential adults are called upon to seriously consider the plight of our children as a matter of utmost priority. The rights of children, as the inheritors and custodians of the future, must be identified and strictly observed to avoid a future doomed to dependency and crisis.

It is not enough to put a signature to the **UN Convention on the Rights of the Child:**

- No child should die from a preventable disease, and Governments should strive for a 95% immunisation rate;

- No child should be cursed with illiteracy, and ultimately unemployment. Therefore primary education should be compulsory;

- No child should go to sleep hungry and cold, and everything possible must be done to provide sufficient food and adequate shelter for all.

As I have previously stated, we must all work together towards creating an atmosphere of peace, mutual trust and understanding, with a clear vision of reaching our ultimate goal - that of social justice for all our people, but especially for all our children.

DR. SAM NUJOMA
PRESIDENT OF THE REPUBLIC OF NAMIBIA

September 1990

REPUBLIC OF NAMIBIA

NATIONAL PLANNING COMMISSION

FOREWORD

BY

DR Z NGAVIRUE
DIRECTOR-GENERAL

"The Government of the Republic of Namibia welcomes the publication of this Situation Analysis of Children and Women by UNICEF and the Namibian Institute for Social and Economic Research (NISER). This document brings together, for the first time, comprehensive and wide ranging important information on the conditions affecting children and women in our nation, and the various factors, historical and present, which determine their wellbeing. The report also points to the considerable gaps in available information, providing useful indications of where future research and information systems development should be focused.

The value of this document will lie partly in the basis provided for medium-term programming and collaboration between the Government and UNICEF, within the twin overall framework of policies for National Development and the international Goals for Children and Development in the 1990's. Such collaboration will aim to address the priority problems of children and women, at different levels, as identified in this Situation Analysis.

Beyond this, however, it is hoped that the document will provide a convenient reference work for a range of national institutions, NGOs and cooperating partners in Namibia, who are concerned with the issue of poverty and unequal access to resources in this country, and their effects on the most vulnerable groups. The Government is pleased to have been closely associated with the compilation of this document, and the process of analysis, throughout the period of its formulation. We commend the efforts of UNICEF and NISER in this regard, and trust that the Analysis will be of assistance to many of our friends and partners, as it will be to ourselves".

unicef

PREFACE

This Situation Analysis of Children and Women, undertaken during the period October 1990 - March 1991, forms part of the process of joint programming at country level between UNICEF and the Government of Namibia. This will result in the formulation of a detailed Strategy and Collaborative Programme to address the priority needs of children and women, to be implemented during 1992 - 96.

In addition, however, it is anticipated that this document, and the process initiated during its formulation, will have a broader impact. Firstly, the analysis contained herein was undertaken directly following the World Summit for Children held in New York in September 1990, which was attended by His Excellency the President of Namibia, Dr Sam Nujoma, and members of his Cabinet. At this Summit, it will be recalled, Heads of State and Government from around the world adopted the world Declaration on the Survival, Protection and Development of Children, and committed their Governments to the formulation and implementation of national Plans of Action as a follow-up to the Declaration. As part of the Global Plan of Action, seven Major Goals and over twenty Supporting/Sectoral Goals for Child Survival, Protection and Development (CSPD) were endorsed.

In the context of the commitments made at the Summit, therefore, this Situation Analysis is a first attempt to systematically assess - using the limited data and information available - the "baseline" condition of the children of Namibia, and their mothers and families; and to analyse the main factors causing problems of illness and malnutrition, and threats to their survival. This "baseline" undertaken at the beginning of the Decade, although requiring considerable future updating and elaboration as more vital information becomes available, provides a starting point for the measurement of progress towards the Goals for CSPD for the 1990's in Namibia.

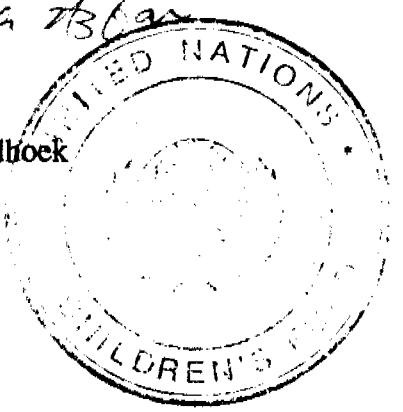
The Analysis also provides, in its final chapter, an outline of a range of policy options and strategic choices to be considered in taking action to achieve these Goals. Given the magnitude of problems still facing children and women in Namibia, the implications of these options and choices go well beyond UNICEF's own programming of resources in joint activities with the Government of Namibia. The Analysis and the discussion of policy options will, we hope, be of use in decision-making for the Government more generally, particularly for the formation of the medium-term national Plan of Action on CSPD, as well as for other collaborating partners in Namibia, for Namibian Non-Government Organisations (NGO's) and for individuals dedicated to the wellbeing of the most vulnerable groups in society.

UNICEF Namibia would like to acknowledge the central contribution of the Namibia Institute for Social and Economic Research (NISER) of the University of Namibia in the preparation of this document, as well as in undertaking some of the supporting research. The work of Professor Chris Tapscott, as leader of the NISER Situation Analysis team, and of Researchers Bernadette Menyah-Artivor, Annalie Odendaal, Akiser Pomuti and George Eiseb, is gratefully acknowledged. Extensive contributions to the analysis and preparation of the document were also made in particular by Frances Chinemana (Consultant to UNICEF and NISER), as well as by Lourens Erasmus (Health Sector Consultant), Richard Morgan (Household Food Security and Economic sections), Diane Hubbard (Consultant on Women's Legal Issues) and by the entire Programme staff of UNICEF Windhoek. Assistance in preparation of the Conceptual Framework was given by Roger Hay of the Food Studies Group, University of Oxford, Dan Toole, UNICEF New York, and Misrak Elias and Aaron Lechtig of UNICEF Regional Office, Nairobi.

Invaluable contributions and comments were provided by a wide range of officials in various Ministries of the Government of the Republic of Namibia, at several stages of the analysis; by representatives of major Namibian NGO's; and by members of the United Nations agencies represented in Namibia. Detailed consideration of and comments on the draft of this Document were made by these partners at a Workshop held in Windhoek on 5th - 6th March, 1991, and helped greatly in its finalisation.

We at UNICEF Namibia hope that the committed efforts of all those who contributed to this Analysis will prove worthwhile in the coming months and years, in terms of assisting a better understanding of the situation and needs of Namibian children and women, leading to effective and sustained action to meet those needs.

Shahida Azfar
Representative
UNICEF Windhoek
Namibia



Windhoek, March 1991

A Note on Terminology

A feature of Apartheid colonial rule in Namibia was the adoption of racial/ethnic nomenclature in virtually every sphere of social, economic and political life. As a result, the usage of racial/ethnic terminology in this Analysis proved unavoidable in portraying the extent, particularly as inherited at independence, of differential access to resources, income, services etc., between different sectors of society. These terms are, however, in no sense endorsed as politically valid or acceptable social categories. As a consequence, where such terms as "black", "white", and "coloured" are used, they are used in quotation marks.

Geographic nomenclature hitherto used in Namibia is similarly burdened with racial/ethnic overtones. While this issue is certain to be addressed by the Delimitation Commission currently in session, the use of area names still in common usage at present, remains unavoidable. The term "region" is, nevertheless, used in place of the term "land"; thus, for example, "Ovambo region" is used instead of "Ovamboland".

ABBREVIATIONS

AIDS	Acquired Immunodeficiency Syndrome
AWD	Adult Working Days
CBHC	Community-Based Health Care
CCN	Council of Churches in Namibia
CHW	Community Health Worker
COST	College for Out-of-School Training
CMR	Child Mortality Rate
CSPD	Child Survival, Protection and Development
DNE	Department of National Education
DNHW	Department of National Health and Welfare
EPI	Expanded Programme on Immunisation
FAO	Food and Agricultural Organisation
FSG	Food Studies Group
FY	Financial Year
GATT	General Agreement on Tariffs and Trade
GDP	Gross Domestic Product
GNP	Gross National Product
GRN	Government of the Republic of Namibia
HFS	Household Food Security
HHNS	Household Health and Nutrition Survey
HIS	Health Information System
HIV	Human Immunodeficiency Virus
HSRC	Human Sciences Research Council
KAP	Knowledge, Attitudes and Practices (Surveys)

ILO	International Labour Organisation
IMR	Infant Mortality Rate
LBW	Low Birth Weight
MCH	Maternal and Child Health
MoHSS	Ministry of Health and Social Services
NBIC	National Building and Investment Corporation
NEPRU	Namibian Economic Policy Review Unit
NGO	Non-Governmental Organisation
NISER	Namibian Institute of Social and Economic Research
NUNW	National Union of Namibian Workers
OAU	Organisation of African Unity
ORT	Oral Rehydration Therapy
PHC	Primary Health Care
PLAN	People's Liberation Army of Namibia
PTA	Preferential Trade Area (for Eastern and Southern Africa)
SACUA	Southern Africa Customs Union Agreement
SADCC	Southern African Development Co-ordination Conference
SD	Standard Deviation
SWANU	South West African National Union
SWAPO	South West Africa People's Organisation
TT	Tetanus Toxoid
UN	United Nations
UNDP	United Nations Development Programme
UNICEF	United Nations Childrens Fund
UNIN	United Nations Institute for Namibia

UNSOPD	United Nations Statistical Office and Population Division
UNTAG	United Nations Transition Assistance Group
VIP	Ventilated Improved Pit (latrine)
WHO	World Health Organisation

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CHAPTER 1 : OVERVIEW OF THE SITUATION AND OF THE ANALYSIS

1.1 Introduction

As the last colony in Africa to attain its Independence, Namibia is in many respects unique, both in terms of the difficulties which it must overcome and in terms of the promise which it holds as a stable and democratic society. The relatively smooth transition from colony to independent state following the implementation of United Nations Security Council Resolution 435, in particular, has given rise to optimism. The Namibian Constitution, forged through inter-party negotiation and consensus, has been widely heralded as a model for Africa, while the policy of national reconciliation has been lauded as a mark of political maturity. Despite the prognosis for a healthy political future, however, Namibia still bears the scars both of its recent and distant past. The tasks of transforming an ethnically fragmented society, of redressing extreme imbalances in access to resources and of building a more advanced and equitable economy, as a consequence, remain formidable.

The advent of Independence in March 1990 marked the end of more than a century of colonialism under German and subsequently South African rule. The legacy of this colonialism is far reaching. The policies of Apartheid rule, in particular, served to accentuate racial and ethnic divisions within the society, to the extent that different communities remain segregated geographically, economically and socially. From 1964 onwards, when implementation of the recommendations of the Odendaal Commission began, the different ethnic groups which comprise the "black" population were each consigned to an ethnic "homeland". This policy of bantustanisation led to the racial/ethnic fragmentation of administrative systems and to differential access to services; this in turn led to vast inequalities in employment opportunity and in incomes earned.

The protracted liberation war that led ultimately to national Independence, moreover, had a severe impact on the populous northern regions. In addition to the death, suffering and hardship that accompany war, population dislocation, military rule and administrative neglect individually and collectively contributed to the distortion and disruption of the social-economy of northern Namibia. More than 50% of the population live within the former war zone. In the absence of viable alternatives, many of these are emigrating to Namibia's towns and cities (the Windhoek area in particular) where they are straining already limited social services and swelling the ranks of the urban unemployed. The repatriation of exiles and the demobilisation of combatants from both sides of the conflict have aggravated the employment shortfall and increased the possibility of social tension.

1.2 Structural Inequality

Namibian society has thus inherited forms of structured inequality which manifest themselves in severe income distribution skews (the top 5% of the population are estimated to account for 71% of the gross domestic product (GDP) while the poorest 55% control just 3%) (United Nations, 1989) and unequal access to productive assets and basic social services.

Extreme income differentiation between racial/ethnic groups, furthermore, serves to distort standard measurements of national production to a point where they are largely meaningless as indicators of human development. Applying a simple arithmetic mean, the GDP per capita

for the total population was estimated by the United Nations (UN) Statistical Office and Population Division (UN, 1989) to be US$1 044 in 1988, placing Namibia amongst the lower-middle to middle income countries. In part as a consequence of this, attempts to acquire "least developed country" status for Namibia were initially turned down by multilateral funding agencies. Disaggregated, however, this indicator reveals a markedly different picture. GDP per capita amongst the "white" population, which constitutes no more than 5% of the total, was estimated to be US$14 560, equivalent to norms in high income countries (falling between the Netherlands and Austria).

Figures for the "black" population in contrast are comparable to those amongst the lowest income countries. According to indices for 1988, the GDP per capita of about US$319 amongst the poorest 95% of the total population would place Namibia amongst the world's 20 poorest countries (lying between Rwanda and Niger). Figures for the "black" rural population present an even bleaker picture. The estimated GDP per capita (including subsistence income) of US$63 amongst "black" people living in the "traditional" economy (an estimated 55% of the population), is lower than that of Mozambique, in 1988 the world's poorest country. These estimates were broadly corroborated by a Household Health and Nutrition Survey (HHNS) conducted by UNICEF in April/May 1990 (UNICEF Namibia, 1990). In the rural areas surveyed in northern Namibia, per capita incomes averaged around US$100 per year, rising to US$305 in the peri-urban areas and US$580 in Katutura. (UN, 1989; World Bank, 1990; UNICEF Namibia, 1990).

The absolute poverty of the lower-income groups is partly mitigated by the country-wide provision of state pensions to those over sixty years old (although coverage is not universal, and amounts paid were hitherto differentiated between different ethnic groups in an approximate ratio of 1:3:5 for "blacks", "coloureds" and "whites"); by remittance income from migrant family members in employment; and through support provided to deprived communities and families by Church bodies. Despite these mitigating factors, which generally serve to relieve persisting misery rather than enhance economic opportunity, the central contextual issue for this Situation Analysis remains that of **inequality of access.**

1.3 Unequal Access to Resources and Services

1.3.1 Resources for Production

Equitable access to life opportunities, productive resources, goods and services is the basis for growth processes which acknowledge social needs as well as economic imperatives. In Namibia, highly differentiated access to productive resources, markets and services, as well as to education and incomes, has resulted in patterns of inequality closely related to race and ethnicity. **In a country with a limited factor endowment, the question of access to primary resources is thus fundamental to the long term post-Independence programme of national reconciliation and reconstruction.**

Unequal access to productive land and to water is a central feature of Namibia's colonial inheritance. In a context where both resources are absolutely scarce, the private ownership of some 45% of the total land area and 74% of the land suitable for farming by some 4 045, mainly "white", commercial farmers is a major factor in determining inequality of incomes and wealth. Exclusive low rental access to water resources is in turn conferred by ownership

of land.

Whilst the average size of "white-owned" farms is estimated at 7 200 hectares, "black-owned" livestock farms average some 335 ha, and "black" Namibian family farms about 17 ha. Direct constraints on economic activity are imposed on the vast majority of Namibian farmers both by the small areas available to them for agricultural activities, and by the poor climatic, soil and water resources conditions prevailing in the communal "reserve" areas to which they were historically confined. At the same time agricultural services, in the north in particular, are limited and in many areas non-existent.

For "black" farmers in northern Namibia restricted access to product markets has further constrained their efforts to earn a livelihood from the land. Stockholders in particular, have hitherto had no access to primary domestic or foreign markets for livestock, due to the veterinary cordon which isolates the northern regions of the country. Similarly, with the exception of recent pilot projects, there are no formal marketing facilities for millet, the principle crop grown by the vast majority of Namibia's arable farmers.

Differential access to productive resources, to markets and to education have inevitably given rise to differential rates of unemployment between ethnic groups. Whilst comprehensive data are unavailable, statistics from a 1988/89 survey of Windhoek - which provides 42% of formal sector employment in the country - are instructive. The survey found that unemployment rates were 0.0% for "whites", 8.2% for "coloureds", and 19.1% for "blacks" (Pendleton and Du Bois, 1990). In all other urban areas unemployment rates are substantially higher for "coloureds" and "blacks".

Similarly, the HHNS found 21% of heads of households in Katutura, and 18% in peri-urban areas in the North, to have no work. Women heads of households in Katutura were relatively disadvantaged compared to males, with 25% out of work. Fewer women household heads lacked employment (including self-employment and farming) in the peri-urban and rural areas surveyed.

1.3.2 Education

Formal education statistics are one of the few series available on a national basis. They provide a stark picture of the degree of inequality of educational opportunities among young Namibians. They also illustrate the poor quality of current educational services provided, resulting in very high rates of failure, repeaters and dropouts (see Chapter 8).

Large disparities in percentages of qualified teachers by region, in pupil:teacher and pupil:classroom ratios, clearly contribute to differential access to "effective" education. Pupil:teacher ratios in 1989 ranged from 13:1 in schools under the former "Administration for Whites" to 37:1 for schools under the former "Adminstration for Ovambos", the national average (all levels) being 28:1. Only 9% of teachers under the former "Ovambo Administration" had passed Standard 10 and received at least one year of teacher training, compared to 32% nationally and 99% in the "Administration for Whites". In 1988 the ratio of pupils to permanent classroom structures in Ovambo was 56:1 compared to 38:1 in the country as a whole and 12:1 for "Whites". Pass rates at Standard 8 are below 7% in the Ovambo and Kavango regions. As a consequence, the Kavango region, with a population

in excess of 150 000 people, produced just one matriculant (Standard 10 pass) in 1989 and two in 1988. The populous northern areas of Ovambo, Kavango and Caprivi in fact perform poorly on almost all educational indicators (the remote and sparsely inhabited Kaoko and "Bushmanland" areas are not differentiated in the published statistics).

Most estimates of literacy in Namibia place the percentage of literate adults at well under half, and the majority of illiterate adults are women - a further indicator of previous as well as present educational neglect. Prior to Independence, adult literacy programmes were implemented patchily and almost exclusively by non-governmental bodies.

1.3.3 Health

Available indicators of health service access by region also show considerable differentiation. Whilst the national average of health unit beds per 1 000 population was estimated to be 5.6 in March 1989, this ranged from lows of 3.5/1 000 in the Okakarara district and 4.1/1 000 in Ovambo, to highs of 11.7/1 000 in the Damara region and 22.1/1 000 in Oranjemund. In 1989 there was an estimated shortage of 393 nursing personnel in national hospitals, of which 58% were in Ovambo and 11% in Kavango. In mid-1988, there were only 22 doctors and 4 specialists in the Ovambo region, to serve some 550 000 people (a ratio of at least 21 000:1) (Department of National Health and Welfare, 1990).The ethnic fragmentation of health care administration under colonialism had hitherto precluded any rational planning of inter-regional health services (see Map 8.1).

Due to the virtual non-existence of reporting by most of the former ethnic/racial health authorities, estimates of health service usage are unavailable on a national basis. The proportion of children born in health facilities appears on existing evidence to be high, although extremely variable. The HHNS found that overall 79% of births were in health units in areas surveyed, but this fell to 60-70% in some rural areas, and to 76% in peri-urban areas.

Prior to Independence, access to preventive services was extremely limited. Estimates in 1989 put full immunisation coverage of children under 2 years in Ovambo at only 30% (Orinda, 1989). The HHNS, in early 1990, found immunisation coverage among 1-year-olds to range from 87% for BCG to 56% for DPT, 52% for polio and only 14% for measles, with no major differences between rural and urban areas. Tetanus toxoid vaccination for women of child bearing age was only introduced as part of the immunisation schedule in the national Expanded Programme of Immunisation (EPI) launched by the Government with UNICEF assistance in mid 1990. Since its introduction, the EPI has increased immunisation coverage rates significantly.

The above is indicative of the hitherto low attention given to primary health care (PHC) within the overall health system. This is also illustrated by frequent unavailability of antenatal care, centralised delivery services, non-recognition of traditional birth attendants, and a general lack of health education and community outreach services. Some causes of these inadequacies have been identified as the clinic-centred training of lower-level nursing staff, shortages of mid-level health workers, and the clinically-based orientation of the bulk of the nation's doctors, within a climate of general neglect of PHC. The outcome is that **the bulk of national resources allocated to health were hitherto expended in providing relatively**

expensive curative services for a small number, rather than on preventive services for the majority.

1.3.4 Water and Sanitation

The provision of drinking water and sanitation in Namibia consists of a high level of service to a high-income minority, and inadequate, frequently unsafe facilities for the majority. The high level services are uniformly available to the country's urban centres, through metered connections, and to perhaps 80% of dwellers in peri-urban areas (Spruitj, 1990). In contrast, clean water access in rural areas is estimated to be as low as 30%, with reliance on a variety of drinking water sources, including the Ovambo pipeline/canal system, pump storage dams, equipped boreholes, pools of temporary surface water, permanent and seasonal rivers, and temporary shallow dug wells (Evans, 1990). The HHNS found that in rural Ovambo, only half the surveyed households had water in or nearby the dwelling, and that the reported time needed to fetch water in the dry season averaged 1 hour and 42 minutes, and was almost 3 hours in one location. Water collection is invariably the task of women and children.

Inadequate sanitation facilities are estimated to affect about half of the residents of peri-urban areas (where communal latrines with disposal buckets are frequently used), and at least 10% of the rural and farmworker population. The HHNS found that only 25% of peri-urban and 5% of rural households surveyed in Ovambo had access to a toilet. Both water and sanitation conditions tend to be worst for those living in newly-settled "squatter" areas, for which very limited, if any, services have hitherto been provided.

1.3.5 Unequal Opportunities for Women

The position of the vast majority of women in Namibia is especially disadvantaged. Not only have they suffered the consequences of colonialism, they have been (and in most cases still are) subordinated to the men of their communities. As a consequence of the demands of the migrant labour system, men rather than women (although this pattern is changing), have tended to leave the rural areas to seek employment in the mining and urban centres of the country. Responsibility for child rearing and agricultural production is therefore frequently the sole responsibility of women. This task is made harder by the limited availability of social services in the rural areas.

Until recently, few women proceeded beyond primary level education, a factor which limited skills development as well as their prospects for off-farm employment and income generation. Until recently, the majority of women in formal employment were employed as low paid domestic workers in the homes of "white" families. The lack of primary health care services (the lack of family planning clinics in particular) increases the burden on rural women, who not only receive little support in maintaining the health of their families, but also, generally, have little possibility for control over their own reproductive cycles. Limited access to safe water and domestic cooking fuel also contribute to arduous and time consuming labour burdens on women and girls.

Despite the responsibility which they assume for rural production, women frequently have no ownership rights over basic household resources. Under "traditional" law, women in many areas have no inherent right to land and may theoretically lose access to it on the death of a

husband, although use-rights are usually secure in practice. The same situation frequently applies to the ownership of cattle, often the sole store of wealth amongst rural households.

1.4 The Consequences of Unequal Access

Over and above moral and political issues of social equity, **unequal access to resources and services profoundly affects the life chances and quality of life of the vast majority of Namibians.** While no comprehensive estimates of child mortality rates exist, the infant mortality rate (IMR)[1], according to one estimate in 1990, ranged from an average of 160/1 000 live births in the Ovambo region to roughly 30/1 000 in the rest of the country (Bennett, 1990). Although the upper range of this estimate is likely to have been distorted due to the impact in the 1980s of the war, droughts, malaria epidemics and the general neglect of health services in the region, it is likely that the child mortality rate (CMR)[1] in this region exceeds 100/1 000. The HHNS (on a limited sample) estimated a CMR of 110/1 000 in rural Ovambo, 100/1 000 in the peri-urban areas and 64/1 000 in Katutura (see Chapter 4).

In a demographic survey of 2 034 children under five years of age carried out in 1988 (which excluded Ovambo), rates of wasting[2] were found to be 11.7% on average, and as high as 20% in the Herero region (Rossouw, 1989). Rates of stunting[2] were found to be 40.1% on average, and 51-52% in the Kaoko and Caprivi regions. The HHNS found further evidence of wide-spread malnutrition amongst young children, both moderate and severe in nature. Some 9% of children surveyed were suffering from wasting, and 30% from stunted growth. Multi-variant analysis of the HHNS data indicated a roughly linear inverse association between incidence of child stunting and family income levels, and a strong positive relation between higher levels of parental education and better child nutritional status (see Chapter 4).

Other available health indicators indicate that the health services have until now failed to control diseases, such as tuberculosis and measles, which are being controlled in most parts of the world. The estimated incidence for tuberculosis in 1988/89, based on notified cases alone, for example, was in the area of 273/100 000 population, and that of measles 498/100 000 (see Chapter 5).

Maternal health is also a major area of concern. The HHNS estimated a maternal mortality rate of 371/100 000, in the three areas surveyed - a relatively high rate for Southern Africa. Mortality rates appeared to reach as high as 552/100 000 in the peri-urban areas of Ovambo.

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[1] Infant Mortality Rate (IMR) = number of deaths among children below 1 year of age per thousand live births, expressed annually

Child Mortality Rate (CMR) = number of deaths among children below 5 years of per thousand live births, expressed annually

[2] Wasting = low weight for height, moderate and severe defined as below minus two standard deviations from median weight for height of reference population

Stunting = low height for age, moderate and severe defined as below minus two standard deviations from median height for age of reference population

Rates of miscarriage in pregnancy were between 10-15% in most northern areas, and above 9% in Katutura (see Chapters 4 and 5).

The above statistics not only present a broad picture of human and social underdevelopment in a relatively well developed African economy, they also pointedly illustrate the interrelatedness of different spheres of the social and political economy in Namibia. They suggest the pressing need for mass welfare gains, as well as the need to address racially based distortions of access to productive resources, economic opportunities and services.

1.5 Objectives of the Situation Analysis

At a primary level this Situation Analysis will aim to provide an understanding of the current welfare of children and women in Namibia. The decision to focus on the welfare of children and women, however, is not motivated simply by the fact that interest in the wellbeing of this sector of society constitutes the operational terrain of UNICEF. The development of human resources is widely recognised as the key to development in all societies. In that respect, the welfare of children and women defines the overall wellbeing of any given society since, in the final instance, it determines the ability of a society to reproduce and sustain itself.

Failure to address the welfare of children and women ultimately represents a failure to develop the society, and, through failure to develop the human resource base, will retard the future progress of society. Such failure, particularly where resources exist to avoid it, will eventually represent a contravention of the fundamental rights of children and women as laid out in the Namibian constitution, adopted at Independence by the democratically elected Constituent Assembly. It will also come to violate the United Nations Convention on the Rights of the Child, ratified by the Namibian Parliament just months after achieving nationhood.

Beyond the description of the situation of children and women in Namibia, this document will attempt to identify and explain the underlying determinants of their welfare. In addition, the Situation Analysis, whilst not in itself a policy document, is intended to be a guide to future action. The Analysis is prepared with a view not only to assist the determination of the areas and content of UNICEF co-operation in Namibia but, more broadly, to highlight the needs of children and women so that information can be used for **consciousness-raising, policy advocacy, the overall planning of appropriate interventions by a range of national and international agencies, and for social mobilization on behalf of children.**

A profound understanding of the underlying determinants of poverty is especially important if the major internationally accepted **Goals for Child Survival, Protection and Development (CSPD)** are to be met in Namibia in the 1990s. These Goals for the Year 2000 derive from the Plan of Action agreed upon by the 159 nations, including Namibia, represented at the first World Summit on Children held in New York in September 1990 (UN, 1990). The full set of Summit Goals is presented in Annex 1; the Major Goals include:

(a) Between 1990 and the year 2000, reduction of infant and under-5 child mortality rate by one third or to 50 and 70 per 1000 live births respectively, whichever is less;

Between 1990 and the year 2000, reduction of maternal mortality rate by half;

(c) Between 1990 and the year 2000, reduction of severe and moderate malnutrition among under-5 children by half;

(d) Achievement of universal access to safe drinking water and to sanitary means of excreta disposal;

(e) By the year 2000, universal access to basic education and completion of primary education by at least 80% of primary school-age children;

(f) Reduction of the adult illiteracy rate to at least half its 1990 level with emphasis on female literacy;

(g) Improved protection of children in especially difficult circumstances.

1.6 Sources of Data

The efforts of the new nation to address issues of social equity and to improve the welfare of the majority of Namibians, are heavily constrained by the **paucity of information on vital sectors of the social economy**. This is characterised by a lack of key socio-economic indicators, serious lacunae in statistical time series, the lack of household statistical frames and a generally weak national information base. The starting point for an analysis of children and women in Namibia, therefore, cannot easily be found in aggregated statistics - due firstly to the unreliable nature or incomplete coverage of much current data; and secondly, due to gross inequalities within aggregate estimates. Nor are data available from the individual or household level adequate to allow the analysis to be built "from the bottom up".

Apart from the 1981 census, which itself is regarded by the UN and other observers as highly unreliable, no household survey of national coverage, that would establish basic household economic or social characteristics, has yet been carried out. The lack of a reliable population "denominator", as a consequence, renders estimation of a number of coverage indicators extremely difficult (see section 2.4). Additionally, there is as yet no national health information system (HIS), due in part to the extreme fragmentation of health service provision along ethnic/racial lines until early 1990.

The preparation of a Situation Analysis of children and women in this context has therefore had to proceed mainly by collating and interpreting existing data. By using such data to analyse the major determinants of poverty in Namibia, the Analysis should also facilitate the identification of priorities areas both for action - at least on an interim basis, pending major additions to the national and household-level database in the medium term -and for further investigation and research.

With the aim of achieving a short term increase in the availability of household-level data for planning purposes in major population areas of the country, however, UNICEF Namibia in April/May 1990 undertook a household survey focusing on health and nutrition (HHNS) covering 1 561 households in five areas. This was a purposive cluster survey in two main regions, including the major "black" urban area, an important peri-urban zone, and three rural areas. Whilst such a survey clearly does not obviate the need for national household demographic surveys, many of the results of the HHNS are considered reasonably indicative

of Namibia as a whole. Survey data on immunization coverage, malnutrition, fertility, breast feeding practices, contraceptive practices and maternal mortality particularly fall into this category, and in most cases are broadly consistent with estimates from a small number of earlier non-national surveys.

The HHNS was augmented by a number of smaller surveys on issues felt to have direct bearing on the welfare of children and women in Namibia. These included select surveys on child feeding patterns and child care in the north, as well as an investigation of the incidence of alcoholism and its impact on child welfare in southern Namibia. These surveys were carried out by the Namibian Institute of Social and Economic Research (NISER) and/or UNICEF as part of the analysis process itself, during late 1990 and early 1991.

1.7 Conclusion

It remains to stress that this document is very much the outcome of a process, and one which has had a number of second order outcomes. These include:

- institution-building, training and strengthening of research and investigatory capacity in a Namibian organisation (NISER) and among Namibians associated with that organisation;

- identification of issues and areas of seemingly high priority for future research, investigation and analysis, in terms of the needs and problems of children and women in Namibia. A small number of these were taken up during the course of the analysis, but most remain for future attention (see Chapter 13);

- increasing the awareness and understanding of the needs and problems of Namibian children and women, not least for UNICEF, a relatively recent arrival in Namibia, for NISER, a research institute in its formative stages, and for many of the participants from the newly formed Government of Namibia and the extensive non-governmental sector, who contributed to the development of this document.

As will be evident, hopefully throughout, the dynamic nature of Namibian society at various levels, and the rapid increase in knowledge and understanding of complex and inter-related human development problems that is expected to occur in this new country, necessitate that this Situation Analysis should be seen as a **first step in an on-going effort to assess, analyse and act upon the needs of Namibian children.**

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STATISTICAL OVERVIEW

		UNICEF country classification
Under 5 mortality rate	176	(1988)[2] very high U5MR
Infant mortality rate	105	(1988)[2] very high IMR
GDP per capita	1 188	(1988)[4]
Total population	1.6m	(1990)[3]

KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT		
Births	(1 000s)	57.8 (1990)[3]
Infant deaths (under 1)	(1 000s)	10.1 (1990)[3]
Under 5 deaths	(1 000s)	6.0 (1990)[3]

	±1980	
Underweight children (under 5) (% weight for age)		
- moderate & severe	..	29.5 (1990)[5]
- severe	..	6.2 (1990)[5]
Babies with low birth weight (% 1979/88)	..	12-15 (1990)
Children completing primary level (% of first grade, 1980/87)	29.6	37.3 (19 ?)

NUTRITION INDICATORS		*±1980*	*MOST RECENT*
Mothers breastfeeding (% 1980/87)	At 3 months :	..	98
	At 6 months :	..	88
	At 12 months :	..	73[5]
Prevalence of wasting		..	9[5]
Prevalence of stunting		..	30[5]
Daily per capita calorie intake (% of requirements, 1979-81/84-86)		84	82
Food production per capita index (Index 1979-81=100, 1980-88)		99	98
Household expenditure, all food & cereals (% of total income, 1980-85)			

HEALTH INDICATORS		*±1980*	*MOST RECENT*
ORT use rate (% 1986-87)		..	..
Access to health services (% of population, 1980/85)	Urban:	..	..
	Rural:	..	..
	Total:	..	..
Access to safe water (% of population 1980-85)	Urban:	..	98
	Rural:	..	30
	Total:	..	64
Access to adequate sanitation (% of population 1980-85)	Urban:	..	36
	Rural:	..	10
	Total:	..	23
Births attended by trained personnel (% 1980/87)		..	70[5]
Maternal mortality rate (per 100 000 live births, 1979-87)		..	371[5]

IMMUNISATION	*1981*	*1987*	*1990*[8]
One-year-olds (%) immunised against:			
Tuberculosis:	..	..	..
DPT:	..	..	78.4
Polio:	..	..	78.4
Measles:	..	..	41.2
Pregnant women (%) immunised against:			
Tetanus 2:	..	..	50.0

EDUCATION INDICATORS		*±1980*	*MOST RECENT*	*AS % OF TOTAL POP (1990)*
Primary enrolment numbers	Total:	263 667	312 506	19.5
	Male:	..	149 644	9.3
	Female:	..	162 862	10.2
Secondary enrolment numbers				
	Total:	34 170	60 066	3.7
	Male:	..	26 636	1.6
	Female:	..	33 430	2.0

		±1980	MOST RECENT
Adult literacy rate (+15 years) (% 1970/85)	Total:	..	35
	Male:	..	..
	Female:	..	+50
Radio and television sets (per 1 000 population 1980/87)			
	Radio:	40.8	38.12
	TV:	15.8	18.12

DEMOGRAPHIC INDICATORS		*1990*[3]
Total population	(1 000s)	1 600
Population aged 0-15 years	(1 000s)	764
Population aged 0-4 years	(1 000s)	294

		1970	*1980*	*1985*	*1988*	*2000*[2]
Life expectancy at birth (years)	Total:	48	53	55	57	62
	Male:	47	51	54	55	61
	Female:	49	54	56	58	64
Total fertility rate		6.1	6.1	6.1	6.1	5.4
Crude birth rate/1 000		46	45	44	44	40
Crude death rate/1 000		20	15	12	10	9

		±1980	MOST RECENT
Contraceptive prevalence rate (% 1980/1987)		..	18.4[5]
Population annual growth rate (% 1965-80/1980-88)	Total:	..	3.1
	Urban:	..	5.6

ECONOMIC INDICATORS		±1980	MOST RECENT
GNP per capita annual growth rate		..	..
Inflation rate (1965-80/1988)		12.5[4]	12.9[4]
Population in absolute poverty (% 1977/87)	Urban:	..	..
	Rural:	..	..

		±1980	*MOST RECENT*
GDP share	Top 5%:	..	71[6]
	Bottom 55%:	..	3[6]

		±1980	*MOST RECENT*
Government expenditure (% total expenditure, 1972-87)			
	Health:	..	13.7[7]
	Education:	..	18.2[7]
	Defence:	10.2	4.8[7]
Household expenditure (% of total income, 1980-85)			
	Health:	..	..
	Education:	..	..
Official development assistance (1980-87)	US$ millions:	..	21 (1988)
	As % GNP:	..	..
Debt service (% of goods and service exports, 1989)		..	14.7[4]

Sources:

1 UNICEF field office estimate.
2 United Nations Population Division projections based on past and current trends.
3 Tentative "mid-range" estimate adopted for the purposes of this document, based on con Information, 1989, Department of Economic Affairs.
4 World Bank/GRN Preliminary Economic Review, May 1990.
5 UNICEF indicative estimate from Household Health and Nutrition Survey of 1 561 households in Ovambo and Katutura, 1990.
6 Preliminary estimate, UN Statistical Office, November 1989.
7 Budget estimates 1990, Government of Republic of Namibia. 'Education' includes 'culture, youth and sport'; 'Health' includes 'social services'.
8 National EPI Coverage Survey, 1990 (under-1's, card and history).

Note:

Other data from UNICEF, Statistics on Children in UNICEF assisted countries

CHAPTER 2 : NAMIBIA IN CONTEXT

2.1 Topography, Climate and Water Resources

Namibia is situated in the south western part of Africa and comprises a land mass of 824 269 square kilometres. To the west, the country is bordered by an Atlantic Ocean coastline of some 1 300 km. It is adjoined by Angola in the north, Zambia and Zimbabwe in the north east, Botswana in the east and by the Republic of South Africa in the south. The 35 km wide Caprivi Strip extends in the north east, separating Angola from Botswana, running a distance of some 450 km to the Zambezi River.

Topographically, Namibia is part of the interior plateau and western drainage system of the southern African region, and may be divided into three main regions (see Map 2.1). The first is the western coastal plain of the Namib desert, which occupies about 15% of the land area, and is characterised by low rainfall. To the east of the Namib, altitude rises rapidly to the interior plateau, which covers more than half of the total land surface area and stretches across the country from the northern to the southern border. With an average height of 1 097 m above sea level, the central plateau has a diversified landscape with mountains, sand valleys and undulating plains. Broken mountain ranges and peaks with a maximum altitude of 2 400 m extend northward from Windhoek to the Kaokoveld mountains, giving way to the hot steppe areas of Ovambo, Kavango and Caprivi (see Map 2.2). Whilst Namibia's population is concentrated in the north and on the plateau, the southern central areas of semi-desert in the Nama region and of semi-arid karoo in the Damara region are largely uninhabited (see Map 2.3). The third area is the Kalahari semi-arid zone which lies along most of the eastern area of the country. The level plains of the region are characterised by sands and limestone, and an almost complete lack of surface water.

With a mean annual rainfall of approximately 250 mm, Namibia has the driest climate in sub-Saharan Africa (see Map 2.4). Scant rainfall arises from the cool air masses generated over the cold Benguela Current and the high pressure conditions over the Southern Atlantic and Indian Oceans. The mean disguises a wide regional variation in the amount of rainfall, however, which ranges from an average of 20 mm in the dry south-west (Namib desert region) to the Caprivi area in the north east which receives an average of 600 mm. In addition, rainfall patterns are marked by considerable variation both within and between years, and the country as a whole is highly susceptible to drought. Areas of relatively reliable and high rainfall are limited to those in the north-central region, around the Tsumeb-Grootfontein-Otavi triangle, and the Eastern Caprivi. The Ovambo region, on the other hand, experiences unreliable rainfall patterns, and even the annual flood of the seasonal Kuvelai River is variable, being dependent on rainfall in Angola. Levels of evaporation are extremely high; out of five dams monitored during 1980/81, evaporation exceeded consumption in four, and amounted to between 30% to 40% of the total water stored in the dams (United Nations Institute for Namibia (UNIN), 1986:153).

The evaporation rate is high due to the high mean temperatures which characterise the climate in most areas of the country. Again, however, there are marked variations in aridity and temperature, arising from the extensiveness of the land mass and differences in elevation. Whilst the most north easterly area is classified as sub-humid, the northern districts have a mean annual temperature of 22°C, with a maximum temperature in the hottest months

(October to January) in the region of 34°C. The central areas of the country have warm sunny days and cool nights, whilst the southern region has a hot summer and relatively cold winter (May to August). Temperatures rarely exceed 21°C in the arid coastal belt, which experiences dense fogs throughout the year.

Surface water resources are heavily influenced by local variations in rainfall, which makes estimation of the total amount of water available for use in rivers problematic (UNIN, 1986:156). The only perennial rivers are along the northern and southern borders, most of which are located far from the main centres of demand. Other rivers, such as those in the high centre of the country (Omatako, Omaruru, Black Nossob, Swakop and Kuiseb), are widely scattered sand rivers which flow intermittently and either drain in the Orange River to the south, or towards the Atlantic in the west. Runoff from these rivers is limited by evaporation and seepage to groundwater. Runoff is even more circumscribed in the sandveld areas, with the exception of the Ovambo region, where water is retained in shallow depressions (oshanas) for some months.

Exploitation of groundwater resources is hampered in most areas by the unfavourable combination of rainfall and geology. Percolation is limited in the sandveld, where most rainfall is taken up by plants. Recharge of groundwater in the hardveld is dependent on the rock type; along the central ridge of the country it is circumscribed by impermeable rock and tends to be deep. The artesian water in the Auob-Nossob region is utilised for irrigation and livestock, the only other such area being the region around the Grootfontein triangle. Water quality is poor in many areas, salinity being a major problem in the Ovambo region, the southern Nama region and the Auob-Nossob basin. High fluoride levels have been reported along the Botswana border, and high levels of nitrates near Otjiwarongo (UNIN, 1986:159).

2.2 Soils, Vegetation and Mineral Resources

The three main soil categories correspond to the three topographical zones described above. The coastal sand dunes and weathered rock of the Namib region, together with the vast stony areas exposed to severe wind erosion bordering the desert are comprised of desert-type soils, which are too infertile to support any agricultural production, apart from alluvial beds along the rivers. The majority of the east and north-east areas are comprised of Kalahari soils, which are characterised as sandy, fine textured, deficient in phosphorus, with weak cohesion and high absorptive capacity. The shallow lithosol soils in the central region are less sandy, whilst the best alluvial soils are found in isolated pockets along rivers such as the Kunene and Okavango in the north, and particularly in the Kavango area.

Namibia's ecology is not very suitable for dense forests or rapid growth of most tree species (UNIN, 1986:243). There are, nevertheless, considerable areas of natural forests, which contain numerous different species in closed forests, open savannah woodlands, and dry forests and shrubs. The country as a whole is divided up between three major vegetation zones: desert, savannas and woodlands, within which 15 main vegetation types occur. Desert vegetation accounts for 16% of the land area, varying along the Namib Coast from annual grass plains in the inland margin to succulents or virtual absence of vegetation in the southern Namib. The dry forests of the north east (20% of the country) are concentrated in middle Caprivi, the Okavango region and eastern Ovambo, and contain fairly dense concentrations of a variety of trees, including mukwa and African teak, as well as palms which have adapted

to the humid conditions. Savannas characterise the remaining 64% of the country, consisting of grassveld with trees and shrubs.

Vegetation patterns as well as water availability determines the sustainable rangelands grazing capacity. Limited natural vegetation in the drier southern regions and western desert margins demand large areas per stock unit (24 ha and above per livestock unit), whilst the central and northern areas have greater capacity for more intensive stocking of cattle and small stock. The more heavily vegetated and humid northern regions also hold the highest distribution of wildlife resources. The state-owned nature reserves, of which the largest are the Western Caprivi area, the Etosha National Park and the Namib Desert, account for some 8.7% of the total land area, and are characterised by small populations of diverse species (UNIN, 1986:259).

Namibia is endowed with substantial mineral resources. The mining sector may be divided into four major product groupings: diamonds, uranium, metals and industrial minerals, the combined production and export of which account for a significant proportion of the GDP and export earnings (UNIN, 1986:295). Active mining is related to dominant geological features, and limited spatially for the most part to four core regions. These include the far south (diamonds), the Windhoek area (predominantly piriet and copper), the Swakopmund-Karibib area (predominantly salt and uranium, with some zinc, tin and lead) and the Grootfontein triangle (predominantly zinc, copper and lead). There are, in addition, potential for the exploitation of coal deposits in the south eastern areas between Gobabis and Keetmanshoop, and indications of off-shore oil reserves.

Overall, **the physical environment of Namibia is naturally fragile and harsh**. Wide ranging abuse and degradation of the environment has already occurred, as a result of the over-exploitation of many of the country's natural resources. Non-renewable resources such as mineral reserves have been irreversibly depleted, and the extent of desert encroachment, probably excessive extraction of the water table in some areas, persistent overstocking on some rangeland areas and over-fishing of the coastal waters highlight other forms of environmental damage which are at worst irreversible and at best will require lengthy periods of time to recover to sustainable levels (UNIN, 1986:942). **Environmental conservation and protection thus present major challenges for the future**.

2.3 Infrastructure

The diversity caused by the extensive size of the country, varied climatic conditions and the apartheid policies of previous regimes has influenced the location of economic activities in Namibia. The preferential position given to the modern industrial and commercial farming sectors and their service needs gave rise to a **highly skewed distribution of infrastructural services**, such as energy, transport and communications. The stress has been on the extraction and export of the bulk mineral, agricultural and fishing resources, with most of the agricultural and fisheries production being exported to South Africa. Transport routes - rail and road - are thus orientated towards South Africa, running from south to north, with an east-west axis coming in from Walvis Bay/Swakopmund through Okahandja to Windhoek. The long distances involved have led to relatively more extensive development of the railway system, totalling some 2 340 km, as bulk loads can be carried more cheaply by rail than road (UNIN, 1986:391). However, the system fails to extend beyond Tsumeb to the northern

areas of greatest population settlement.

Road services in the rural areas are in the main extremely poor, with the majority of feeder roads from the major highways being untarred. Only 10% of all the country's approximately 58 000 kilometres of road are tarred, the remainder being gravel or earth/sandy roads. In 1981, the country's most populous region, Ovambo, had 3 km of road per 1 000 of population, compared to 17 km/1 000 in the Windhoek district, rising to 278 km/1 000 in the Bethanien area (van der Merwe, 1983:81). Since 1981, however, some 4 000 km of tarred roads were added to the network, primarily in the former northern 'war zone' in the Ovambo region, as a result of the transport demands of military operations. Access to public transport and hired haulier services is very limited in the rural areas, and expensive where it is available, due to long distances and relatively low densities of usage. The existing road network and circumscribed availability of transport have constrained the growth of a market-orientated economy in these areas.

There are few road or rail linkages with the other neighbouring states. Since Independence in 1990, Namib Air has, however, increased air routes within the SADCC region, as have other regional airlines flying into Namibia, and hopes to extend international flights beyond the current destinations of Frankfurt and Zurich. Of the three natural harbours on the Atlantic coast, only Walvis Bay, so far retained by South Africa, is capable of handling Namibia's exports and imports on a large scale. Swakopmund could be developed into a viable port, but would be uneconomic as a competitor to Walvis Bay, whilst Luderitz can only handle light cargo, and is located far to the south west of the main centres of economic activity.

Compared to most other SADCC states, the postal and telecommunications services in Namibia are well developed. In common with other national infrastructural services, however, their development and distribution has been related to two dominant factors. Firstly, the linkage of the Namibian economy to that of South Africa has meant that the majority of communications equipment is supplied by and/or designed in South Africa, and has in addition been operated by South African companies or as part of the South African administration. Reduction of dependence on the South African economy is thus potentially extremely problematic in respect of the communications networks. Secondly, the present communications service primarily the industrial, mining and commercial farming sectors, and are consequently largely inaccessible for the bulk of the rural population.

A similar situation pertains with respect to energy resources: in 1980, about 98% of all commercial energy consumed in Namibia was imported from or through South Africa. Use of different types of energy as a percentage of total was estimated as follows: electricity 37%, liquid fuels 31%, charcoal/wood 20% and coal 12% (UNIN, 1986:356). The major consumer of energy is the mining sector, primarily accounted for by electricity consumption, with total energy demand being estimated at approximately 32 666 barrels of oil equivalent per day in 1980. Responsibility for electricity generation and distribution rests with a subsidiary of the Industrial Development Corporation of South Africa, which controls the Ruacana hydro-power station and other coal-, fuel-oil- and diesel-fired power stations within the country. Coal, again imported from South Africa, is used predominantly at the Windhoek power station. Both rural populations and black peri-urban residents are heavily dependent on fuelwood as their major energy resource. Coastal areas, the peri-urban centres and

densely populated areas are already experiencing difficulties in obtaining fuelwood needs out of annual yields, as against running down tree stocks.

2.4 Population and Settlement Patterns

The existing demographic data base in Namibia suffers from great shortcomings, both in the extent of its coverage and in the quality of information. The most recent enumeration of the population was the 1981 Census, which is widely considered unreliable and undercounted, and provides a weak basis for projections. Subsequent estimates made by the United Nations Statistical Office and Population Division (UNSOPD) (UN, 1989) and others differ quite widely. Data in this section should thus be treated with caution, and be viewed as indicative estimations only: comprehensive data will only become available after the 1991 Census which is currently under preparation.

The 1981 Census suggested a total population figure of 1.03 million, with an age and gender distribution as shown below in Table 2.1.

Table 2.1 : Age and Sex Distribution of Population, 1981 Census

AGE GROUP	Number	Age group as % of total pop	Females as % of age group
0-14	433 401	41.9	50.0
15-29	270 917	26.2	52.8
30-44	158 094	15.3	51.1
45-59	96 916	9.4	47.3
60 +	73 869	7.1	51.2
TOTAL	1 033 196	100.0	50.8

Source: Census data, 1981

Census data from 1970 and 1981 indicate a population growth rate of 3% per annum. A slightly higher rate is calculated in the HHNS, at 3.2%, with variations of 3.8% - 4.2% in rural areas of Ovambo, and 2.5% in Katutura. Estimates for the 1990 population centre around a figure of 1.5 million, but the UNSOPD estimated a higher figure of 1.76 million for 1988, increasing to a projected 2.5 million in the year 2000 (UN, 1989). It is unclear to what extent estimates have taken into consideration the repatriation of more than 45 000 Namibian exiles in 1989/90, the addition of which alone increased the nation's population by some 3%, and that of the Ovambo region by some 6%.

For the immediate purposes of this Situation Analysis, therefore, and pending the results of the forthcoming Census, a "mid-range" estimate of 1.6m for Namibia's population (1990) is adopted, where such an estimate is required for analytical purposes.

UNSOPD projections estimate a more youthful population than that identified by the 1981

Census. The proportion of children is estimated as follows:

	0-4 years	0-15 years
1988	18.4%	47.8%
2000	17.6%	47.3%

This age structure would imply both high dependency ratios, particularly in context of the current unemployment problem, and the need for extensive increases in the provision of services for the younger age groups.

The capital city, Windhoek, accounts for approximately one-third of the total urban population. Overall, some 30% of the population is estimated to live in urban areas, within 57 "towns". Of the remaining 70% of the population who reside in rural areas, the greater proportion are located in the four northern areas of Ovambo, Kaoko, Kavango and Caprivi. The northern areas contain more than 50% of the total population of Namibia (59.7% according to the 1981 Census, although believed by other observers to be as high as two thirds). The regional distribution of the population, according to the 1981 census districts, is shown in Map 2.5.

Extensive migration and population movements have resulted from the migrant labour system and the disruption caused by military operations, particularly within the northern 'war zone', making it problematic to estimate the likely extent of future urbanisation. Current projections for the decade 1991 to 2000 put the figures at 7% growth amongst urban populations, and at 11% for peri-urban areas (UN, 1989).

2.5 Historical Background

With its harsh and fragile environment, Namibia has always been sparsely populated. In-migration of population groups from the north in pre-colonial times led to the rise of concentrated settlements only in the more fertile northern areas of the country, whilst isolated populations of other groups to the south and east depended on hunter-gatherer modes of survival. Cattle and small livestock formed an important part of the social economy for all other cultural groups. The country's colonial status was institutionalised by European powers in 1884/85, when the territory was allocated to Germany as German South West Africa. Settler authority was imposed fairly rapidly, and by 1903, more than half of the cattle owned by the Herero peoples of the central area had been appropriated by German settlers. The development of settler agricultural production and of mining increasingly gave rise to the migrant contract labour patterns common in the Southern African region, and eventually extensive in Namibia.

In 1904, the struggle for decolonisation, which was to continue for some 85 years, was initiated by an uprising of the Herero people, joined later in the war by the Nama. The German authorities reacted to resistance with genocide, reducing the population of the central and southern areas by more than half in three years, and causing the majority of the surviving Herero people to flee to present-day Botswana. In subsequent years, the authorities laid down the basic structure of what would become the apartheid system in the territory; indigenous political leadership was fragmented, 'reserve' areas were established and migrant labour was

recruited more forcibly, to work in conditions of virtual slavery. Following the South African invasion of 1915, full powers of administration and legislation were mandated by the League of Nations to the Union of South Africa. The government in Pretoria was charged with administering the territory as a 'sacred trust of civilisation' and for the 'well-being and development' of the indigenous population.

From 1917 onwards, military conflict between the colonialists and the indigenous peoples of Namibia flared up in 'reserved' areas across the country, as the institutionalisation of apartheid policies became increasingly entrenched under the South African administration. In the 1920s, the first African nationalist organisations and trade unions were formed, providing fora for the discontent of urban workers. Mass organisation became more formalised as South Africa persisted in refusing to place Namibia under trusteeship, as had been done with other mandated territories.

The South West Africa People's Organisation (SWAPO) was established as a fully-fledged nationalist movement in 1960, and other political groups such as the South West African National Union (SWANU) were also established. Campaigns against contract labour and other issues were organised, but segregation and discrimination continued, consolidated in 1964 by the Odendaal Commission, which divided the population into 11 separate "population groups", and established 10 "homelands" or "bantustans". The "white" section henceforth occupied some 45% of the territory, including the mining areas, and approximately three-quarters of the viable farmlands.

Considerable support was received by the nationalist movement from others in colonised and later independent African countries, but significant backing from the international community was not forthcoming until the 1966 adoption by the UN Security Council of a resolution ordering the South Africa administration to relinquish the territory. To prepare Namibia for nationhood, the UN General Assembly established the Council for Namibia in New York, and the UN Institute for Namibia (UNIN) was set up in Lusaka. As a result of the failure of the International Court of Justice to rule against South Africa earlier in 1966, the SWAPO leadership in exile declared its intention to wage an armed struggle for Independence. Subsequent support from the UN and the International Court of Justice precipitated mass resistance inside Namibia, leading to a general strike of contract workers in 1971 and subsequent uprisings of peasants in the north, students and others. A significant role in the internal opposition to colonial role was by played by an alliance of the country's major non-racial churches, under the umbrella of the Council of Churches in Namibia (CCN), as well as by a number of civil rights activists.

For two decades prior to Independence, the country was ruled primarily through force. A body of South African territorial law aimed at eliminating resistance or controlling the black population was extended to Namibia, permitting the detention without trial of political prisoners, curtailing the rights of freedom of speech and association, and the enforcement of banning and restriction orders. Military occupation of the northern 'war zone' was intensified from 1975 onwards, as the independence of Angola in that year facilitated the movement of SWAPO's People's Liberation Army of Namibia (PLAN) across the border. Recorded incidents and 'contacts' reached a peak in 1980/81, and although outnumbered by the South African and "South West African territorial" forces, PLAN utilised a variety of guerilla tactics and mobilised considerable support from the rural population in order to maintain their

challenge.

The adoption of UN Security Council Resolution 435 in 1978 specified the modalities of a year-long independence process to be supervised by a UN Transition Assistance Group (UNTAG). International negotiations were established, but continued to be delayed by South Africa's insistence on linking Namibia's independence with the withdrawal of Cuban troops supporting the Angolan Government's defence against South African invasions and UNITA. The realisation by South Africa that military reversals in Angola made the prospects for a 'victory' increasingly remote, coupled with the adverse impact of the war on the South African economy (which experienced a recession in the mid-1980s), led to ultimate agreement on the principles of Resolution 435 in November 1988. A process was to be set in train where the withdrawal of Cuban forces from Angola would follow the implementation of Resolution 435 and the end of South African aggression.

The UN-mediated transition period to Independence for Namibia started on 1st April 1989, with the arrival of UNTAG. During the 11 month period preceding Independence in March 1990, South African troops were withdrawn from all areas except the port enclave of Walvis Bay, a general amnesty was declared for combatants, some 45 000 exiles were repatriated and all discriminatory and 'security' legislation was removed. National elections were held in November 1989, declared "free and fair" by the UN Special Representative, and led to the formation of a Constitutional Assembly composed of seven political parties represented on a proportionate basis. A Constitution was formulated and passed unanimously by the Assembly, which transformed the Assembly into a national Parliament as Independence was attained on 21st March 1990.

2.6 Contemporary Polity

Independent Namibia is a democratic sovereign secular state, operating under a multi-party political system. In terms of the Constitution there is a separation of powers between the executive branch of government, the legislature and the judiciary. The Executive arm of Government is comprised of the President and Cabinet. Legislative power is vested in the National Assembly, which is a unitary parliament comprising 72 seats directly elected by registered voters. The judiciary is comprised of lower courts (presided over by magistrates), a high court and the supreme court, which constitutes the court of appeal.

Provision has also been made for the election of Regional Councils for each of the regions to be delimited by the Delimitation Commission. The specific functions of the Regional Councils have yet to be clearly defined, but it is presumed that they will assume overall responsibility for the democratic governance of the regions. Each regional council will nominate two members to the National Council, which is an advisory body responsible for the review of legislation promulgated by the National Assembly. The Constitution further makes provision for the establishment of Local Authority Councils, which will manage the affairs of all municipalities, communities, village councils and other organs of local government.

In recognition of the importance of traditional authority in Namibia, the Constitution makes provision for the establishment of a Council of Traditional Leaders, which will advise the President on the control and utilization of communal land and other matters pertaining to

customary law.

In an explicit commitment to the rule of law and the fundamental rights and freedoms of individual citizens, the Constitution makes provision for the appointment of an Ombudsman. Whilst the Ombudsman has no executive powers, he/she has the authority to investigate complaints against injustices in both the public and private sectors and to call for action to remedy these wrongs.

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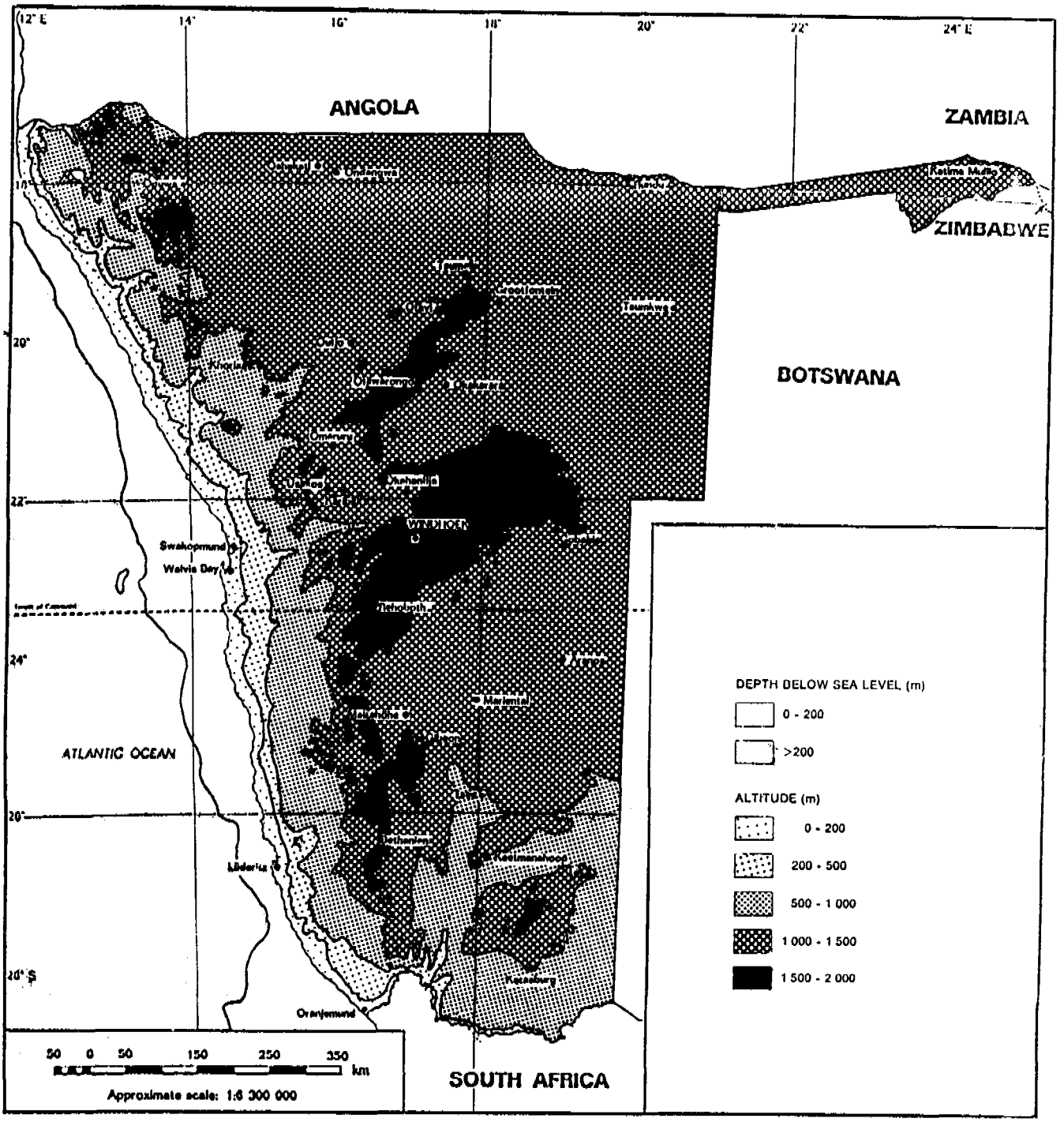
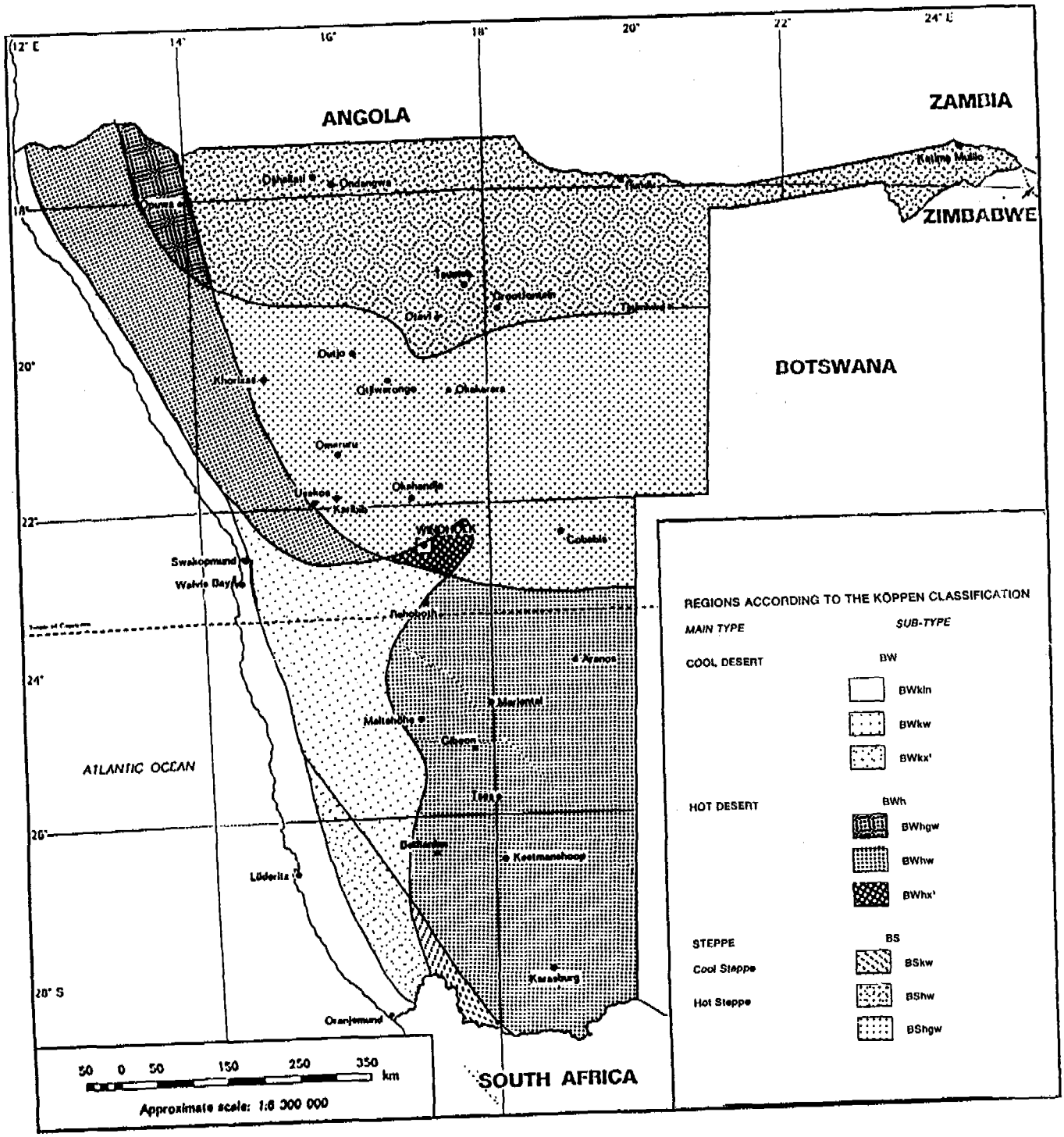
Map 2.1 : Topography

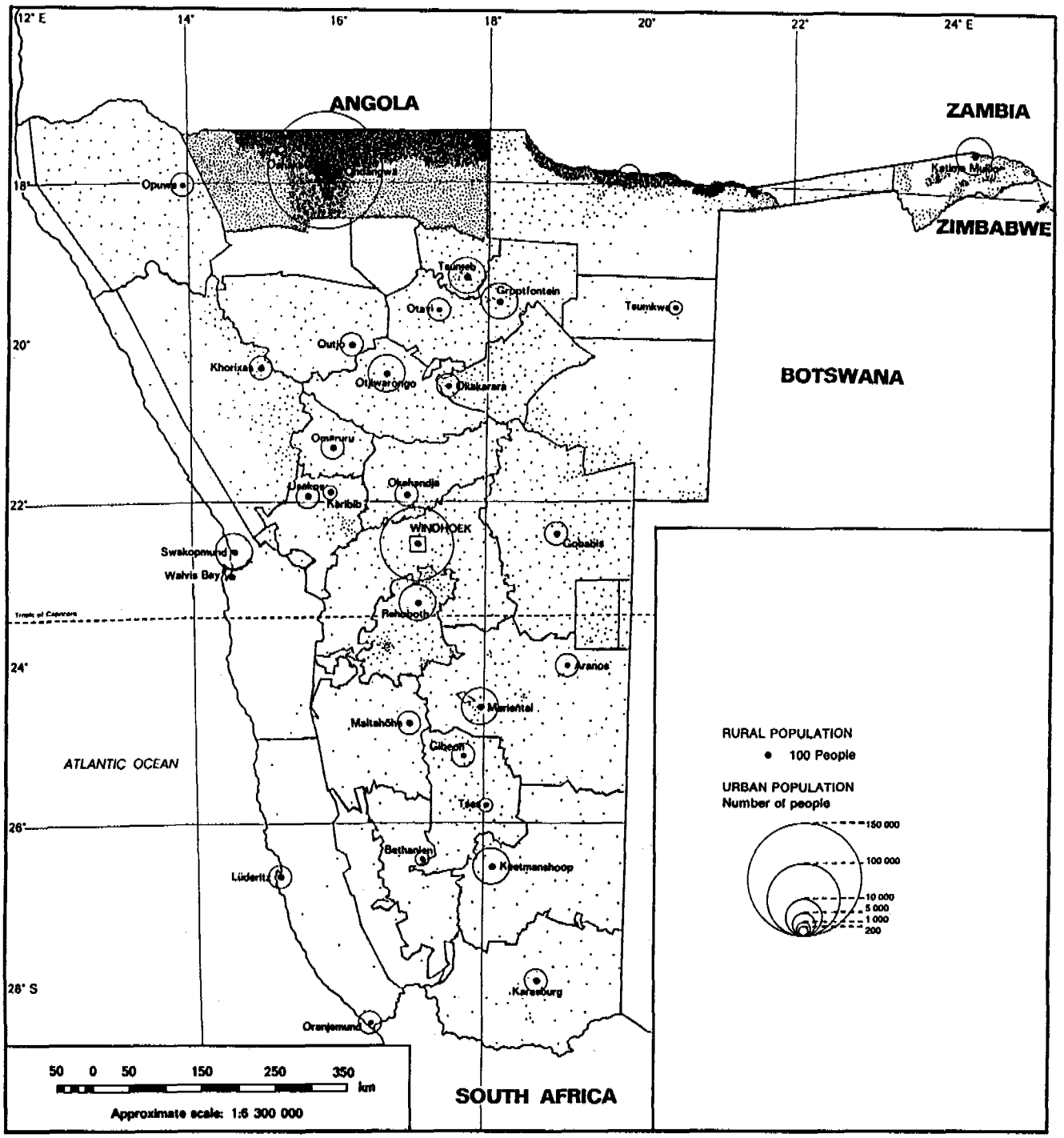


Source : van der Merwe, 1983

Map 2.2 : Climatic Regions

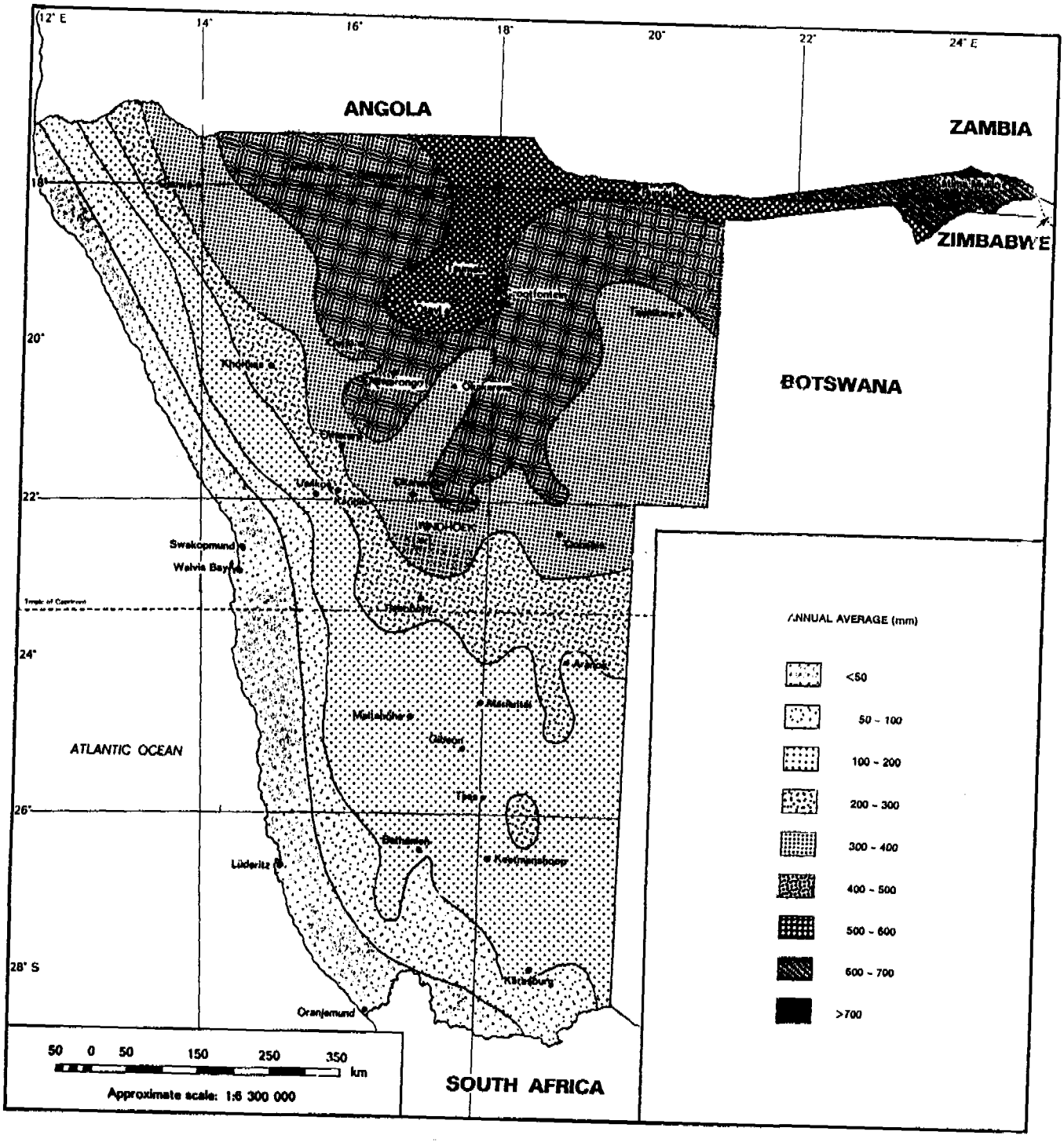


Map 2.3 : Total Population Distribution



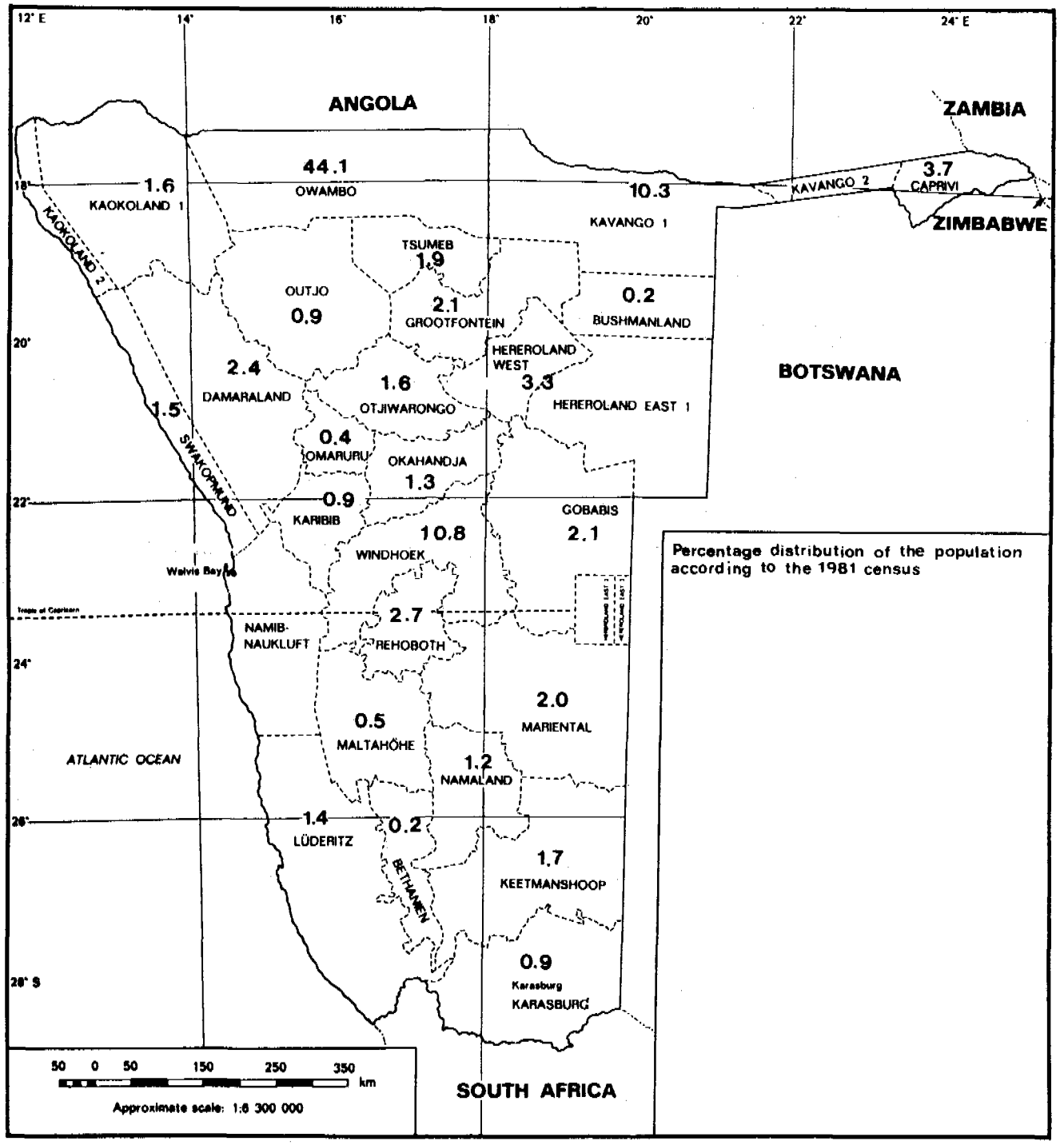
Source : van der Merwe, 1983

Map 2.4 : Rainfall Distribution



Source : van der Merwe, 1983

Map 2.5 : Percentage Distribution of Population According to the 1981 Census



Source : Census data, 1981

CHAPTER 3 : CONCEPTUAL FRAMEWORK OF THE ANALYSIS

3.1 Introduction

Within the international development community there is an increasing convergence of thought on a development paradigm which places emphasis on understanding the processes which create poverty, with a view to reversing them or manipulating them to alleviate and eventually overcome poverty. Posing broad questions about the nature of poverty, the approach addresses the multi-sectoral and multilevel determinants of malnutrition and child mortality. In particular, it recognises the role of power and interests in society in relation to the creation and persistence of poverty. At the same time, however, the paradigm views "the poor" as active in coping with their situation. In so doing, it supersedes a view of "the poor" in the 1970s-1980s as an essentially passive target group, and as an object of welfare and transfer programmes. What this approach suggests, is that in order to address malnutrition and reduce infant and child deaths, a process oriented strategy is necessary; one which also involves communities, particularly women, in problem assessment, planning, implementation and monitoring.

In assimilating much of this thinking, the conceptual framework adopted for the Situation Analysis of children and women in Namibia, in many respects, represents a departure from previous such analyses undertaken in southern African countries. Based on a "global" strategy adopted by the UNICEF Executive Board in April 1990 (UNICEF, 1990), the analytical framework adopted for Namibia approaches the question of malnutrition and death among children and women from an integrated and holistic perspective. That is, it endeavours to describe **issues of welfare as the product of the totality of society**. In particular, this perspective views nutrition as an "outcome" of various social, economic, political and ecological factors, rather than as a sectoral issue. This shift from a purely physiological conception of nutrition towards one which reflects the multi-sectoral determinants of malnutrition, in essence reflects a broader move towards Primary Health Care and the conviction that community based programmes (and nutrition-oriented programmes especially) are likely to yield the greatest results. For descriptive purposes, the determinants of poverty and malnutrition are analyzed in a **hierarchical chain of causality** (see Figure 3.1). Although this framework does not express exact relationships, it does serve as a guide to the different levels of causality, and, in so doing, provides an indication of the immediate, mid-term and long term interventions that could be undertaken.

Thus, instead of a relatively disaggregated sectoral analysis of factors which affect the welfare of women and children, the analysis emphasises the multi-sectoral dimension of the problem. This approach not only accommodates possible determinants, but also facilitates **identification of the most important determinants in a given context**. Whilst the framework is not intended as a predictive model, it does serve as a useful descriptive device in explaining the multi-variant determinants of social welfare. It is, nevertheless, important to stress that the framework is not intended to portray a deterministic perspective of society, or to suggest that human beings are powerless to overcome the determinants of poverty at all levels of the causal chain. As the sections discussing organisational and institutional determinants clearly illustrate, individuals and communities have considerable (although frequently latent) capacity to mobilise their resources and organise themselves to challenge and overcome the varied problems of underdevelopment.

3.2 The Manifestations of Poverty

Taking as its point of departure the most problematic outcomes of poverty and social inequality, the analysis focuses on a number of key indicators in order to evaluate the current welfare of women and children in Namibia. These indicators, which include rates of infant mortality, child mortality, maternal mortality, malnutrition and life expectancy, provide a base line for comparisons with international norms and provide an indication of trends within Namibia (regional, intergroup etc.). They are also reminders that malnutrition and death in children and women are indicative of the overall health of a society and are the results of a long sequence of interlinked events.

These indicators are furthermore, quite fundamental measures of social progress in terms of the development by society of its human resources - the key, *inter alia*, to its future productivity. The emphasis on a human-focused approach to development, increasingly adopted by multilateral, inter-regional (e.g. SADCC[1]) and national governments, is used centrally in this Analysis through focus on these "outcome" indicators. These measures of social progress also link directly with the challenge of monitoring progress, at a national level, towards achievement of the Goals for Children in the 1990s, endorsed by Namibia at the World Summit for Children in September 1990.

3.3 The Immediate Causes

Having identified the forms and extent of malnutrition and death in children and women, the immediate (proximate) causes are analyzed. These relate primarily to dietary intake and to the incidence and prevalence of specific diseases. Whilst malnutrition and death are the combined result of inadequate dietary intake and disease, the two causes are themselves interactive. Disease, and infectious disease in particular, affects dietary intake and nutrient utilisation, as in the case of diarrhoeal disease. At the same time, low energy intake and malnutrition are likely to lower resistance and immunity to disease and illness.

3.4 The Underlying Causes

The underlying causes of dietary inadequacy and disease are numerous but most can be attributed to an inadequate fulfilment of the basic needs of children and women. In order to facilitate analysis at this level, the underlying causes can be grouped into three main clusters:

- household food security;
- maternal and child care; and
- access to basic health services and a healthy environment.

As with other levels in the causal chain, these three underlying clusters are interactive. Thus while secured household food supplies are a precondition for adequate dietary intake, and basic health services and a healthy environment are prerequisites for the control of common

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[1] SADCC is the "Southern African Development Co-ordination Conference", comprising the 10 states of Angola, Botswana, Lesotho, Malawi, Mozambique, Namibia, Swaziland, Tanzania, Zambia and Zimbabwe.

diseases among children, they are not in themselves sufficient to ensure the welfare of women and children. The proper use of food sources, health services and other resources available to the household for child care, is a vital, and often overlooked, determinant of the welfare of children.

The issue of household food security needs to be addressed with care. In particular, food supply should not be equated with a nutritional outcome. That is to say, **while access to food is necessary for adequate nutrition, it in no way guarantees it**. This is perhaps best understood in defining the difference between national and household food security. National food security denotes the sufficiency of food supply (whether locally produced or imported) at the national level. The fact that food is available at a national level does not, however, imply that it is equally available to all households in the country; the maldistribution of food amongst households, communities and regions is a common phenomenon in many countries. Thus, national food security is a necessary but insufficient condition for household food security.

Household food security, in contrast, focuses on the **individual family's capacity to produce and acquire food**. This implies that the availability of food at the household level is the key issue, not simply the wider access to food. The direct question to be asked is whether there is food in the household; how it gets there relates to a different order of problems relating to available markets, production transfer etc. Finally, **household food security is itself a necessary but insufficient condition for improved nutrition.** Further factors such as biological absorptive capacity (influenced by disease), food quality (nutrient-density, palatability etc) and the frequency of access (feeding) are crucial determinants of nutritional health especially amongst young children.

Linked to this, malnutrition and vulnerability to disease are influenced by a number of social practices (both cultural and the consequence of circumstance) within households which bear directly on child nutrition and health, and on maternal and child care. Children of households which are "food secure" may, for example, still suffer from malnourishment due to poor feeding practices, including inappropriate frequency of feeds and the quantity and quality (energy and nutrient density) of the food. During the weaning period (between 4 and 18 months of age) children are especially susceptible to protein-energy malnutrition, consequent on insufficient breast feeding and/or inadequate supplementary feeding. This might be a consequence of a lack of dietary knowledge, or of mothers having too little time or indeed being too ill to prepare food or to feed children. Furthermore, child neglect and child abuse may influence the welfare of children independently of all other variables.

The final cluster of the three underlying causes relates to access to primary social services and a healthy environment. Of particular concern are the levels of access to safe water, to sanitation, to health services and to education.

Inadequate access to clean water and unsanitary means of excreta disposal are important underlying causes of disease and malnutrition. Unclean water and an unsanitary environment directly affect food preparation and general household hygiene and, as a consequence, among poor communities a high proportion of disease is water borne. Faecal pathogens, for example, are frequently transmitted through contaminated weaning foods and through formula feeds prepared with unclean water. Limited access to water not only restricts the productive

capacity of a household (the ability to raise livestock for instance), it also places an additional burden on women and children who expend considerable time and energy in acquiring water supplies. Indirectly, inadequate access to water can also affect infant and child welfare, by reducing the time and energy that mothers have available for feeding and child care.

Inadequate access to health services, and access to primary health care in particular, directly impacts on the welfare of poor households. Limited immunisation cover (until recently a feature of primary health in Namibia) increases the risk that children will contract preventable diseases. A shortage of clinics, and lack of community based health workers implies that basic services and health advice are unavailable to many households. This can lead to eminently preventable death (the absence or lack of use of oral rehydration therapy (ORT) to combat diarrhoeal dehydration) and to unplanned birth (in the absence of family planning services). Poor access to health care and information for women in general and mothers in particular bears directly upon the wellbeing of children.

Limited access to education in a community inevitably leads to low levels of education amongst women, a factor which often correlates strongly with incidence of malnutrition amongst children. Low educational standards among women not only limit their opportunities to generate resources for improved nutrition (through additional skills and wage employment), but also limit knowledge of the nutrition and hygiene needs of a healthy family.

3.5 Organisational and Institutional Determinants

Most underlying determinants of poverty and social welfare are themselves the result of the unequal distribution of resources in society. In particular, they are shaped by a number of **institutional factors which influence the way in which society is organised, and which determine the levels of access to basic services by different sectors of the community.** These relate to the human, economic and organisational resources available to a society. It is at this level in the hierarchical chain of causality, moreover, that more fundamental determinants are ameliorated or aggravated. Communities and societies which are able successfully to mobilise their human resources, are also in a position to overcome problems of resource endowment, ecological hardship and a disadvantaged position in the world economy.

The size and skills level of the work force in a country or region, set, in part, the parameters for production and income generation, which in turn impact on household welfare. Areas of high labour out-migration, for example, tend to have an accompanying high incidence of female headed households, which in turn influences the social organisation of households and the patterns of child care. The availability of skilled personnel may also determine the quality and quantity of available social services.

The opportunity which the economy affords for employment profoundly affects the wellbeing of communities and individual households. High rates of unemployment, and of low productivity in employment, not only limit the amount of income available to individual families, they also increase overall dependency ratios within the community and society. In extended family networks, the effects of unemployment and low-earnings are mitigated by intra-familial transfers, but the process also increases pressure on more productive household members. The availability (or non-availability) of transfers from the state, non-government

organisations (NGOs) and aid agencies (pensions, food aid etc.), may also influence the life chances and growth of children in poor households.

Both formal and informal institutions can play an important role in mediating the effects of the structural determinants (basic causes) of poverty. The ability to mobilise public support for mass health campaigns is, for example, heavily dependent on the organisational capacity of state departments and supportive agencies. A range of institutions, including government bodies, NGOs, church groups and extended family networks, can provide support services and a safety net for the most disadvantaged households. Women's organisations, co-operatives and trade unions may support day care centres and creches for working mothers, while other organisations might provide support for adult education or community-run projects.

For virtually all children, their parents and households provide the resources needed to promote and sustain their survival and development. However, the success with which households are able to nurture their children is frequently influenced by the level of support which they receive from the communities in which they live. Communities which are organised, even those which are poor, are not only capable of providing services for themselves where these are lacking (for example, through self help activities) but are generally better able to articulate their needs to higher authorities.

3.6 Basic Causes - Economic and Political

At the beginning of the causal chain a number of fundamental determinants set the parameters within which the development of society proceeds. These relate to the basic factor (resource) endowment of the country, the economic system adopted, the technical and social conditions of production, and the dominant political and ideological system. These factors in turn, as intimated, are mediated by a society's capacity to mobilise the resources at its disposal.

The basic **resource endowments** of a country, the current and potential availability of land, rainfall, water, minerals etc., in many respects set the production frontiers of a society. Harsh ecological conditions, poor or degraded soils and erratic rainfall can, for example, severely constrain agricultural production. The extent to which basic resources are **utilised** depends on the available **knowledge, skills, and technology** as well as the work practices of the society. The way in which skills and technology are applied, moreover, will tend to affect the long-run sustainability of the natural resource base.

The social conditions of production further influence what is produced by determining **who has access to the means of production (who owns the resources), how they are worked and marketed.** Such issues as the organisation of the work force (e.g. levels of unionisation), the ethnic and sexual division of labour and the system of migratory labour, however, not only influence production, but can directly influence individual households, by limiting wages and by relegating responsibility for social reproduction (raising of the family) to wives and mothers.

Among the basic causes of malnutrition and death among children and women, **political and ideological factors** are perhaps the most profound and the most difficult to change. The social structure of a society is inevitably shaped by its political past. The legacy of

colonialism, for example, is frequently to be found in income inequality and differential access to resources (land, water etc.) and services. Despite the best intentions of the state, these patterns of inequality may persist and even solidify in a post-colonial era.

The existing political system reflects the structure and function of the state, and influences the way in which a society is run. It will for example, determine the legal system, the role and power of state agencies, tax policies etc. It will also determine the extent of state intervention in the economy, the level of its support for social services and its commitment to redress social inequality. At the same time, prevailing ideologies (both state and traditional) embedded in religion, culture, tradition and belief, serve to legitimise both positive and negative social practices, including racial/ethnic discrimination and the subordination of women. In many societies the constitutional (legal) rights of women are subverted by traditional ideologies which assert the supremacy of men, and which also reinforce the disproportionate control of resources within society and households by men.

Finally, geo-political issues and the world economy exert influences which are frequently beyond the control of individual governments. Countries which are economically "dependent" and which rely on a narrow export base, are subject to the fluctuations of world markets and prices and the vagaries of international politics. These factors will often need to be considered when analyzing the causes of malnutrition in even the most remote rural communities.

3.7 "Location" of the Analysis : The Triple A Approach

The Situation Analysis is part of a continuous cycle of **"Assessment, Analysis and Action"**, and covers the first two steps in this **"Triple A Cycle"** (see Figure 3.2). The Cycle describes the positive processes contained in rational decision making in everyday life, including those which affect child survival and welfare. Most decisions are consecutive steps in a process of assessing a problem which is thought to exist; analyzing its causes; and taking action based on this analysis - within the limitations of resources available. Normally the results of those actions are monitored and evaluated (observed and analyzed) and then new actions are taken. These often (may) involve expanding or accelerating the initial actions found to have the most promising results, or changing the actions in the light of new information.

The Triple A Cycle takes place at many levels: in respect of nutrition, it includes the mother who assesses the growth of her child, the community that comes together to discuss a widespread perceived nutritional problem, and the Ministry of Health that operates a Nutritional Surveillance System. Initial awareness is needed to prompt the assessment and the quality of information available and ability to interpret it, help to determine the quality of the analysis. There may be dispute or agreement over the existence of a problem; even if agreed, there will be differing views about its causes, and what actions should be taken to alleviate it. There is, therefore, a need to use an explicitly formulated Conceptual Framework to help those concerned "to know what to look for" in a problem, and to help clarify its causes.

3.8 Conclusion

Although for descriptive purposes the Conceptual Framework is presented in terms of a hierarchical chain of causality, it is perhaps best understood as a series of overlapping sets of determinants. That is to say, causality is not necessarily determined in a hierarchical sequence. Changes in the world economy - a basic cause reflected in an increase in oil prices -can, for example, very rapidly impact on the welfare of poor households (paying higher prices for imported basic food) and hence on the wellbeing of children. It is important to reiterate, nevertheless, that while the factors which influence poverty and nutrition are varied and extensive, they are in no way immutable. The history of human endeavour consistently affirms the ability of societies to organise themselves and overcome the most severe political, economic and ecological obstacles to development.

Finally, the Conceptual Framework outlined above lays stress on the **processes which collectively influence issues of nutrition and child welfare**. This implies that the Situation Analysis itself should form part of a process, a more or less continuous exercise to monitor (assess) and evaluate (analyse) changing patterns in society, and to guide future action.

References : Chapter 3

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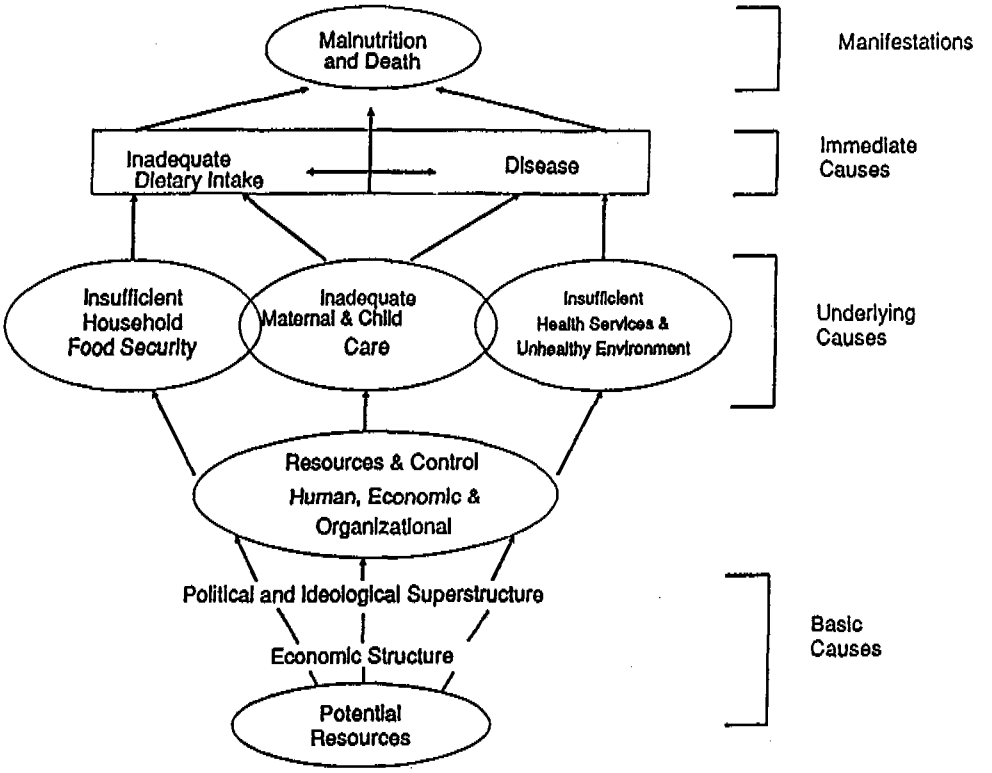
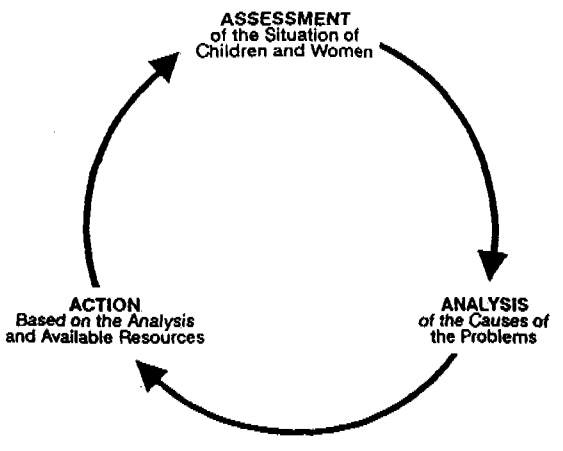
Figure 3.1 : Conceptual Framework Used in the Analysis



It is important not to interpret this framework as a predictive model. Its deliberate lack of rigid limits or boundaries leaves room for different models to be developed in different contexts. The framework primarily helps in asking relevant questions in the development of such models. The framework emphasizes the potential multi-sectoral nature of the problem, i.e., it accommodates possible determinants, but also facilitates the reduction to the most important determinants in a given context.

Figure 3.2 : The Triple A Cycle



CHAPTER 4 : MANIFESTATIONS OF POVERTY IN NAMIBIA

4.1 Infant and Young Child Mortality

The impact of widespread poverty on children in Namibia, as indicated by rates of infant and child mortality and by young child nutritional status, has not been comprehensively measured. In particular, very little is reliably known about mortality among infants (up to 1 year of age) and young children (up to 5 years of age). This lack of information is a symptom of the relative neglect of child survival issues and concerns before Independence in Namibia.

Until 1990, estimates of infant and child mortality rates (see definitions in Introduction) in Namibia varied widely according to source. External estimates ranged as high as 175-200/1 000 among black Namibian infants and 235-300/1 000 among children under five (Green, 1989), whilst a survey carried out on behalf of the Department of National Health and Welfare (DNHW) of the colonial administration estimated that infant mortality was as low as 26/1 000 (Rossouw, 1989). This survey covered some 3 067 women aged 12-49 years, was biased towards urban areas, and excluded the Ovambo region which contains almost half the total population.

Fears among outside observers of relatively high prevailing infant and child mortality rates were based particularly on the probable prolonged impact on children in the northern regions of conflict and military occupation, repeated droughts, chronically low incomes, widespread seasonal malaria and public neglect in the provision of services. The impact on social structures and the resource base of displacement of population within the regions (particularly Ovambo), out-migration of young adults, and influx of *de facto* refugees from Southern Angola, were also thought likely to result in relatively high rates of infant and child deaths.

In order to test these anticipations immediately after Independence, the HHNS (UNICEF Namibia, 1990) undertook estimation of mortality rates in selected sites in Ovambo, as well as through a sample survey in Katutura. Whilst lacking a sample size large enough for reliable estimation of an IMR for the survey population, projections based on the Survey data suggested that infant mortality was considerably less than previously feared in Ovambo, and that under-5 mortality in this region did not exceed 110/1 000. It was also calculated, on a more reliable sample, that under-5 mortality in Katutura reached 64/1 000, and in northern peri-urban areas, 100/1 000. This demonstrated considerably higher mortality rates in Ovambo, associated with much lower levels of per capita income also found by the Survey and with other factors related to poverty.

For the 1 561 households surveyed in the Ovambo region and Katutura "township" by the HHNS, the overall infant mortality rate was projected to be 65/1 000, whilst mortality rates among children under 2 and 5 years were estimated to be 59/1 000 and 92/1 000 respectively. Due to the small sample size, these projections and estimates need to be treated with considerable caution, particularly with regard to possible under-estimation, given possible under-reporting by HHNS respondents.

Table 4.1: Estimated Infant, Early Childhood and Child Mortality Rates for HHNS Children (annual deaths per 1 000 live births)

	Projected Infant Mortality (<1 yr)	Est. Early Childhood Mortality (<2 yrs)	Est. Child Mortality (<5 yrs)
All Survey Areas (N=1739)	65	59	92
Rural Ovambo (N=662)	73	69	106
Peri-urban Ovambo (N=411)	70	53	100
Katutura (N=655)	47	33	64

Source: UNICEF Namibia, 1990 (see p. 105 and Annex C for methodologies used)

Notwithstanding the limitations of these data, they do suggest that infant and child survival rates in Namibia were in the late 1980s broadly similar to those in Kenya or Zambia. These countries have levels of overall per capita income roughly one third that of Namibia (although broadly similar to that of the poorest 95% of Namibia's population). Infant and child mortality levels in neighbouring Botswana, a country with an overall per capita income level near to Namibia's, are estimated to have fallen considerably during the 1980s, to levels of 37/1 000 and 56/1 000 respectively (Lesetedi et.al., 1988). These are one third lower on average than those suggested by the HHNS undertaken in Namibia in 1990.

The HHNS data also suggest that mortality rates among young Namibians are 50-60% higher in the northern (Ovambo) region than in Katutura, the largest urban concentration in the country.

Much firmer indications of the actual levels of infant and young child mortality in Namibia as a whole are expected to become available following the national Census planned for the third quarter of 1991. Until such data are available, the limited information at hand suggests that **for every 10 or 11 Namibian children born alive, 1 will die before his or her fifth birthday.**

4.2 Maternal Mortality

The only known investigation of maternal mortality (i.e. deaths from pregnancy-related causes among women) is that undertaken in the 1990 HHNS. Using the "Sisterhood Method" based on interview recall of adult sisters dying during pregnancy, childbirth or within 42 days of a termination of pregnancy, an overall rate of maternal mortality was estimated for the survey population of 371/100 000 (sample size 2 276). The figure for maternal mortality was highest for women in the peri-urban region of Ovambo (552/100 000) and lowest in Katutura (242/100 000). The overall rate estimated in the survey is considerably higher than levels

estimated for countries such as Zambia, Botswana and Kenya, which lie in a range of 150-250/100 000 (UNICEF, 1991).

Whilst the total fertility rate (number of pregnancies per woman) found among women in the HHNS was, at 5.9, similar to or slightly below that of comparable countries in southern Africa, that of the peri-urban regions of Ovambo was noticeably high at 7.3. This result, among a group of women significantly younger than their northern rural counterparts, is associated with a higher risk of maternal mortality, as seen in the Survey estimate. In this region, almost 40% of births were to teenaged girls.

Higher levels of parity were also associated in the HHNS results with greater risks of miscarriage and stillbirths. The percentage of miscarriages among the survey population ranged from 5% in one northern rural area (Tsandi) to 15% in another such location (Engela), and was estimated at 9% in Katutura and 11% in the peri-urban part of Ovambo. The overall proportion of child deaths (miscarriages and stillbirths) in the survey was estimated at just under 10%. This has quite serious implications for the health and survival of mothers in Namibia.

Given the extreme lack of other data in this area, and the possibility, for technical reasons, of at least slight over-estimation of maternal mortality levels by the HHNS, only the most tentative conclusion can be drawn regarding the degree of severity of this problem: **that one Namibian woman in 250-300 dies each year from causes related to pregnancy. Furthermore, a female Namibian has a 1 in approximately 46 risk over her lifetime of dying from causes related to pregnancy (1 in 37 for the Ovambo region and 1 in 25 in peri-urban Ovambo).**

4.3 Life Expectancy

As with other "outcome indicators" of poverty, Namibia at present does not possess a data base sufficient to enable a firm calculation of national life expectancy. Estimates by UNICEF suggest that life expectancy at birth in Namibia falls on average in a range of 57-60 years (UNICEF, 1991; UNICEF Namibia, 1990, respectively). This is relatively high in Southern African terms.

4.4 Weight of Infants at Birth

Birth weights are a good indicator of the state of maternal health, including the nutritional status of mothers. Low birth weights not only point to maternal health and nutrition problems in many cases, but also expose new-borns to greater risks of disease and long-term malnutrition. Available birth weight data in Namibia is so far extremely limited, although - particularly in view of the apparently high percentage of births which take place at maternity units - it should be quite readily accessible.

The following crude figures for 1990 were obtained from various hospitals, showing the total number of live births, total number of low birth weight babies, and the latter expressed as a percentage of the former.

Table 4.2 : Birth Weight Data from Some Main Hospitals, 1990

HOSPITAL	Total Live Births	Birth Weights under 2,500 g	% Birth Weights under 2,500 g
Oshikuku	2 512	144	5.73
Oshakati	3 743	477	12.74
Opuwo	371	21	5.66
Otjiwarongo	450	65	14.44
Swakopmund	376	25	6.65
Keetmanshoop	652	97	14.88
Windhoek	2 667	449	16.84
TOTALS	10 771	1 278	11.87

Source: MoHSS, 1990

The cut-off level of 2.5 kg is that used internationally to indicate low birth weight (LBW). The Windhoek figure needs to be treated with caution, since it is possibly inflated by complicated referral pregnancies. The sample is small overall, probably leading to high variation between hospitals, even ones within the same health region.

However, the levels of over 12% LBW at Oshakati, Otjiwarongo, Keetmanshoop and Windhoek - four major regional hospitals - do give considerable cause for concern about the state of maternal and infant health, as does the sample average of over 10%. For comparative purposes, the most recent national estimate for neighbouring Botswana is 8% (UNICEF, 1991).

4.5 Child Nutrition

In broad confirmation of the results of two earlier surveys, the 1990 HHNS found evidence of wide-spread young child malnutrition, both moderate and severe. Some 35% of children (6-59 months) surveyed in Ovambo were moderately **or** severely malnourished (below minus 2 standard deviations (SD)) from the median weight for age) compared to 12% in Katutura, whilst 8% in Ovambo were severely underweight (below minus 3 SD) compared to 1% in Katutura. Thus **29% of the survey children overall were found to be either moderately or severely undernourished.** Some 9% of all survey children were suffering from moderate or severe wasting (low weight for height below 2 SD from reference population) and 30% from stunted growth (low height for age, below 2 SD from reference population).

Table 4.3 : Prevalence of Malnutrition in Children Aged 6-59 Months (%)

	UNDERNUTRITION Moderate[1]	Severe[2]	WASTING Combined[3]	STUNTING Combined[4]
KATUTURA (N=367)	11	1	5	21
PERI-URBAN OVAMBO (N=385)	26	9	9	32
RURAL OVAMBO (N=749)	28	7	10	34
- Onyaanya	28	7	12	30
- Engela	26	10	10	38
- Tsandi	31	4	8	33
ALL LOCATIONS (N=1 501)	23	6	9	30

NOTES:

1 Moderate undernutrition is the percentage of children between minus two and minus three SD from median weight for age of the National Centre for Health Statistics (NCHS) reference population.

2 Severe undernutrition is the percentage below minus three SD from median weight for age of the NCHS reference population.

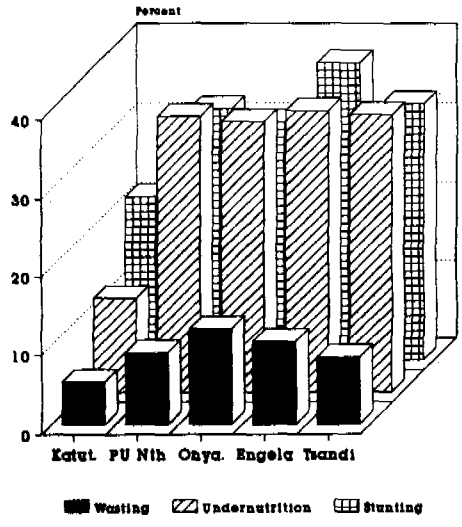
3 Moderate and severe wasting is the percentage below minus two SD from median weight for height of the NCHS reference population.

4 Moderate and severe stunting is the percentage below minus two SD from median height for age of the NCHS reference population.

Source: UNICEF Namibia, 1990:84

The same data are shown in Figure 4.1 below, for (left to right) Katutura, the peri-urban Ovambo region, and three rural locations of Ovambo.

Figure 4.1 : Prevalence of Malnutrition Among HHNS Children by Location



Source: UNICEF Namibia, 1990:83

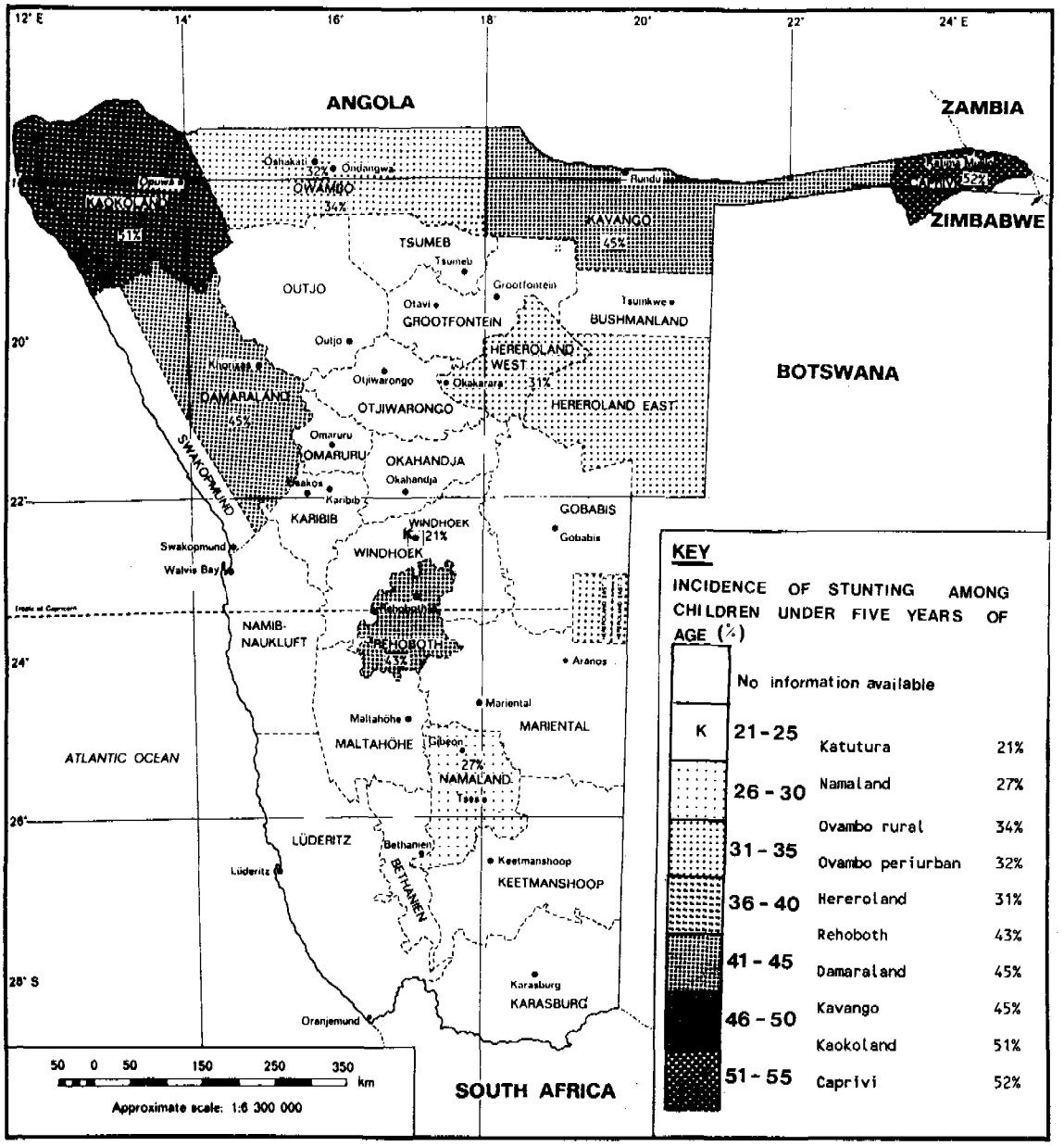
When compared with findings from other southern African countries, using comparable cutoff points, the HHNS data suggest that **levels of malnutrition in Katutura are similar to those prevailing nationally in Botswana and Lesotho. For the Ovambo region, the levels of wasting and severe undernutrition are high in comparison to those found in much of southern Africa**, and give particular grounds for concern.

The findings of the HHNS are broadly similar to those of the Demographic Survey carried out in regions excluding Ovambo in 1989 (Rossouw, 1989). In a sample of 2 034 children under five years of age, this found rates of wasting (children 12-23.9 months below minus 2 SD from median weight for height) of 11.7% on average, and as high as 20% in the Herero region. Using the same reference group and cutoff points, the comparable HHNS rate for wasting was 17%. Rates of stunting in the 1988 survey were found to be 40.1% on average (children under five years of age below minus 2 SD from median height for age), and 51-52% in the Kaoko and Caprivi regions. These rates were significantly higher than the already high prevalences of stunting found by the 1990 HHNS in Ovambo.

A survey undertaken for OXFAM in 1986 in Katutura and two small settlements in the central and southern areas (Otjimbingwe and Berseba) bears out the broad picture of widespread undernutrition, particularly in the smaller settlements (Hughson, 1986). The malnutrition levels found by OXFAM in Katutura in 1986 were somewhat higher than in the 1990 survey, particularly for stunting, whilst the levels of undernutrition, wasting and stunting found in the smaller, semi-rural settlements of the centre and south were slightly lower than those found in Ovambo in 1990, but worse than in Katutura. Again, the levels of wasting encountered were high in relation to many other African countries.

Of the different measures of malnutrition, that of child stunting (low height for age) is usually considered the best indicator of the longer-run cumulative impact of conditions of poverty on child growth. The data from the sources reviewed above suggest that moderate or severe stunting tends to affect about one third of young Namibian children. The "stunting map" (Figure 4.2 below), whilst highly indicative due to the geographic and other limitations of the data, provides some guidance as to the relative prevalences of child stunting between different parts of the country.

Figure 4.2 : Indicative Incidence of Stunting among Children under Five Years of Age, using Data from Household Surveys



Notes to Map: stunting defined as % of children aged 6-59.9 months below minus 2 SD from the median height-for-age of the NCHS reference population.

Sources: UNICEF Namibia, 1990 for Katutura and Ovambo; Rossouw, 1990 for other locations.

In conclusion, taking available data on malnutrition from household level as a whole, it can conservatively be suggested that **at least one third** of Namibian children under five years are experiencing some form of malnutrition problem at any one time -a minimum of approximately 110 000 young children. This estimate does not take into account **possible micronutrient deficiencies**, such as Vitamin A deficiency, anaemia or goitre, on which no information is presently available.

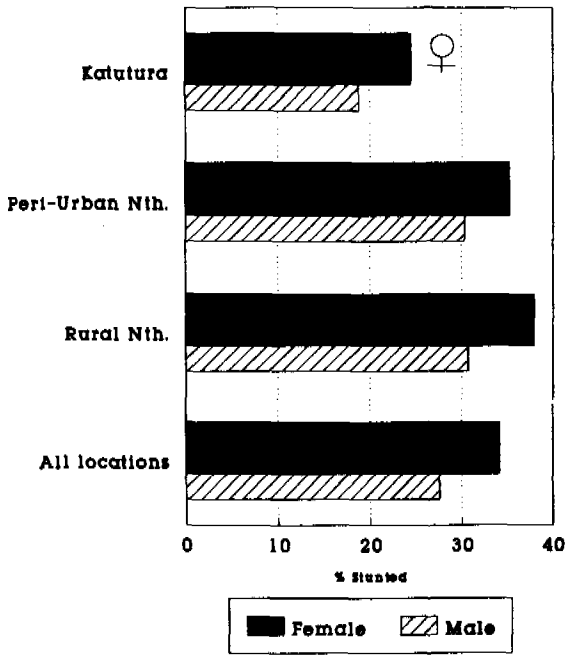
4.6. Characteristics of Malnourished Children and their Families

In terms of the location of malnutrition, the HHNS data indicate that young children in Ovambo are three times more likely to be undernourished that those in Katutura. Particularly alarming was the eight-fold difference in severe malnutrition in northern children. The high levels of wasting found in Ovambo by the Survey may have been partly related to short-term factors, such as seasonal food shortages and a high incidence of malaria and diarrhoeal diseases concurrent with the enumeration. The Demographic Survey data (Rossouw, 1989) shows a less consistent pattern between regions, but clearly indicates that **urban** children (including those in the Windhoek area) are **less likely** to experience malnutrition.

Children in Ovambo were found by the HHNS to experience twice the level of wasting and about 57% more stunting than children in Katutura. As shown in Table 4.3, there was little difference in malnutrition prevalences between rural areas and between rural and peri-urban areas within Ovambo. Even in Katutura, however, a high number of children were found to experience chronic malnutrition.

It is noteworthy that children in **households headed by women** were found to be more likely to be stunted in all locations surveyed, as shown by Figure 4.3. These differences appear to reflect the overall unequal status of women-headed households in terms of income, educational access and other socio-economic factors, since they were not encountered once these factors were controlled for.

Figure 4.3 : Gender of Household Head and Child Stunting



Source: UNICEF Namibia, 1990:90

With regards to stunting among young children, both the HHNS and Rossouw surveys found that **girls** were **less likely** to be stunted than boys. The UNICEF finding applied particularly to the north. The reasons for this gender differentiation are so far unknown. Stunting in the HHNS also tended to be less common among returnee (formerly exiled) children.

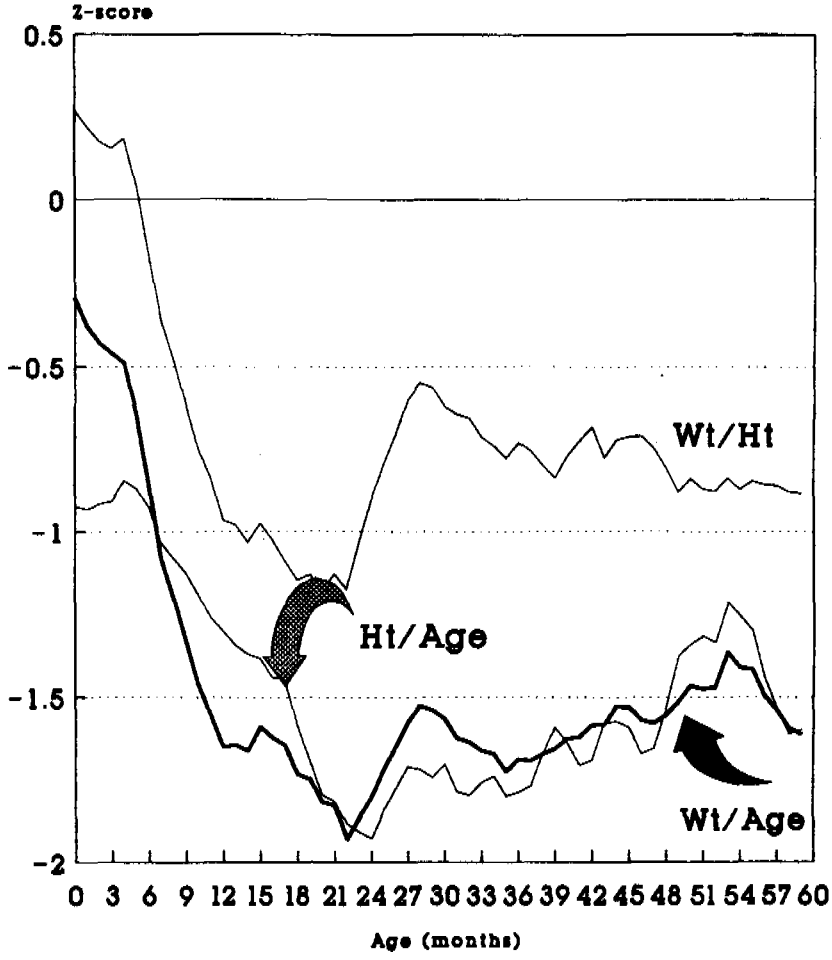
Multi-variant analysis of the HHNS data indicated a roughly linear inverse **association between incidence of child stunting and family income levels**, i.e. increased income was associated (significantly, but not strongly or necessarily causally) with improved nutrition. This association did not apply to wasting ("short-run" malnutrition). A strong positive relation was found between **higher levels of parental education** and better child nutritional status; however this may be an indirect relationship, acting through variables such as increased income, as well as or rather than a direct one (through literacy, better knowledge of nutrition and child care).

Wasting among HHNS children was strongly associated with greater periods of **time spent sick**, particularly with fever, and with **failure by the parent or guardian to seek treatment for diarrhoea**. No strong relationship was detected between immunization coverage and malnutrition among survey children.

The multi-variant analysis of the HHNS data therefore implies the need for a multi-sectoral approach to the reduction of child malnutrition, including measures to increase family incomes, reduce time spent ill for children (involving both service provision and environmental improvements), increase health knowledge among mothers, and to boost overall levels of education. The need for particular attention to certain regions of the country is also suggested by the available data.

Finally, it is notable that, in the HHNS data, **within the first two years of life, children were found to be more likely to experience malnutrition as they grew older.** Undernutrition prevalence increased rapidly from before 6 months of age to their highest levels at around 21 months, from where nutritional status as measured by weight for age began to improve. Patterns of stunting and wasting across age were similar, with a slightly lagged or delayed deterioration. Nonetheless, considerable wasting was already evident by 9-12 months of age, implying the need for **preventive measures within the first few months of life** (see Figure 4.4).

Figure 4.4 : Changes in Malnutrition Across Age Among Northern Area Children in the HHNS



Source: UNICEF Namibia, 1990:81

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CHAPTER 5 : THE PATTERN OF MORBIDITY AND MORTALITY

5.1 Pre-Disposing Factors for Ill-Health and Death

Available data on the extent and nature of morbidity and mortality in Namibia are extremely limited. The lack of a comprehensive national health information system (HIS), coupled with variable reporting of notifiable diseases (the list of which is not totally appropriate to the Namibian context), renders it problematic to define health status, and more specifically, to draw inferences about the health status of different groups as classified by, for example, gender, age or location. The environmental patterns of the country range between arid regions in the south and east, to sub-tropical regions in the north, and between isolated rural settlements and rapidly growing towns; each of these has its own particular pattern of health problems. In addition, the age/sex distribution of the population varies from area to area.

Some commonalities do exist, however, in respect of the extent to which the majority of rural and peri-urban communities experience **poverty and unhealthy living environments as major factors pre-disposing to illness and death**. The majority of parasitic and infectious diseases which are complicated by poverty and associated factors are largely preventable, through a combination of immunisation, improvements in living conditions, and increased access to primary health care and economic resources; further, their effects may be considerably ameliorated where nutritional status is improved. **The inter-active combination of persistent moderately inadequate food intake with disease is one of the most important explanatory factors in young child deaths, and contributes to levels of morbidity amongst both adults and children, particularly amongst pregnant women and those of child bearing age.**

For children older than 5 years and adults, grossly inadequate food intake does not appear to be a primary or sole cause of malnutrition and death on any wide scale. Starvation is rare or almost unknown. Extreme hunger conditions are liable to arise, however, from absolute food shortages in highly specific circumstances, e.g. sudden income collapse coupled with isolation from public assistance; a combination of severe or repeated drought conditions with disruptions of markets due to conflict; displacement from normal places of residence into economically inhospitable environments. Whilst such circumstances have affected relatively small numbers of Namibians in the past few years, usually as a result of political or military factors, they are uncommon and can be expected to remain so.

In contrast, however, the extent of persistent moderately inadequate food intake is undoubtedly widespread, given the magnitude of low to very low household income levels in Namibia (see Chapter 6), and gives rise to high levels of different forms of malnutrition, most commonly manifesting itself in stunting, but also including significant numbers of acute malnutrition cases seen at major hospitals (for example, 531 reported cases at Oshakati in 1988). Since most children experience recurrent illnesses, their appetite is significantly affected and existing dietary inadequacies are thereby aggravated. At the same time, inadequate dietary intake, including premature or sudden termination of breastfeeding, tends to increase exposure to disease and reduces immune response. Poor maternal health can aggravate or provoke this process.

There are a range of other factors - for example, lack of accessible community-orientated

health programmes, low educational levels within the family, and the resource deprivation characteristic of female headed households - which also pre-dispose towards ill-health and death. Within the currently limited scope of information available, however, it is problematic to draw out direct causal links.

5.2 Morbidity and Mortality in Young Children

It is within this broad context of pre-disposing factors that high levels of illness occur amongst children under five years of age. The HHNS (UNICEF Namibia, 1990) indicated the morbidity pattern within the previous fourteen days of recall as set out in Table 5.1 below.

Table 5.1 : Percentage of Children Reported by Guardians to have Suffered Illness in Previous 14 Days, HHNS Households

AREA	Cough	Fever	Measles	Diarrhoea
Katutura (N=434)	47	29	1.4	31
Peri-urban North (N=476)	47	31	2.0	36
Rural North (N=836)	39	45	2.6	32
ALL AREAS (N=1 746)	43	38	2.1	33

Source: UNICEF Namibia, 1990:52

Overall, 68% of the survey children were reported to have been sick in the last 14 days, although it is noted that the survey was conducted at a time of the year when diarrhoea and malaria are relatively commonplace.

It is notable that both the HHNS and an urban survey conducted in 1988/89 (Pendleton and Du Bois, 1990) indicated that **whilst illness amongst the under-5s was common, it was more frequently reported in female headed households.** The circumstances of female headed households, characterised by lower income, poorer access to water and sanitation, reduced access to substitute labour for agricultural work and for child care, combine to render both the environments of these households more precarious, and the command of resources to off-set them more limited.

Data on the extent and causes of perinatal mortality is extremely limited, although there is evidence to suggest that birth asphyxia may be a common problem, particularly amongst low birth weight babies (Amweelo, 1991). Perinatal statistics for the State Hospital Complex in Windhoek (1990) are shown in Table 5.2 below. Whilst Windhoek Hospital's role as the national referral centre may influence the statistics, Katutura Hospital services predominantly only the residents of Katutura, implying considerable cause for concern in respect of neo- and peri-natal morbidity and mortality in the urban areas.

Table 5.2 : Perinatal Statistics, State Hospital Complex, 1990

	Katutura Hospital	Windhoek Hospital	Total
Numbers:			
Total deliveries	3 705	2 101	5 806
Still births	81	33	114
Early neonatal deaths*	63	9	72
Neonatal deaths*	71	11	82
Low birth weight	606	297	903
Ratio ENND/SB:	1/1.2	1/4	1/2.6
Rates per 1 000:			
Stillbirth	21.5	15.7	18.6
Early neonatal	17.3	4.3	10.8
Neonatal	19.5	5.3	12.4
Perinatal	38.3	20.0	29.1
Low birth weights as % of live births	16.7	13.5	15.1

* Early neonatal deaths = 1-7 days
Neonatal deaths = 1-28 days

Source: Amweelo, 1991

Diarrhoea is one of the leading causes of death amongst children under the age of five in developing countries, particularly due to dehydration, and it is likely that a similar situation exists in Namibia, especially as knowledge and use of oral hydration solution is limited. In the course of the outbreak of malaria and associated diarrhoeal disease in northern Namibia between March and May 1990, a number of deaths were reported which were ascribed to dehydration (Erasmus, 1991:18).

The prevalence of diarrhoeal diseases amongst children is often associated with lack of adequate protected water supplies and appropriate sanitation facilities. The HHNS findings correlate with those of the earlier OXFAM survey (Hughson, 1986) and a more recent community-level study (Mbomena and Mundia, 1990), indicating that one in three children under five years of age in rural households had an episode of diarrhoea in the preceding 14 days. Reporting of diarrhoea increases during the six months to two year period, peaking in the second year of life. A slightly higher frequency of diarrhoea was established in the HHNS for the northern peri-urban areas. Figures available from former Administrations under the Department of National Health and Welfare (DNHW) excluding those for Caprivi, Kavango and "Whites" suggest a total of some 18 000 attendances for gastro-enteritis amongst under-5s in 1988 (Erasmus, 1991:17; DNHW, 1988:6), whilst in the Ovambo region alone, 7 213 cases were reported (Orinda, 1989:23), which had risen to 15 659 in 1990 (Ovambo HIS, 1991). Recall figures from the household and community surveys imply between eight to nine episodes per child per year.

Even in the absence of any reliable mortality data, it can be assumed that measles is still one of the leading causes of death in children in Namibia. Unpublished data on hospital mortality suggests a case fatality rate of 15% (Orinda, 1989:23). Outcome is particularly poor where measles is combined with acute respiratory infections, malnutrition and diarrhoeal disease, resulting in a diminished immune response. Figures from the Ovambo region indicate a high incidence rate, with 3 737 cases reported in 1986, 8 959 in 1987 and 5 389 in 1988 (Orinda, 1989:23). The highly contagious nature of measles gives rise to epidemics, combined with which the association of a range of complications - bronchopneumonia and kerato-conjunctivitis, for example - results in high hospital admission rates.

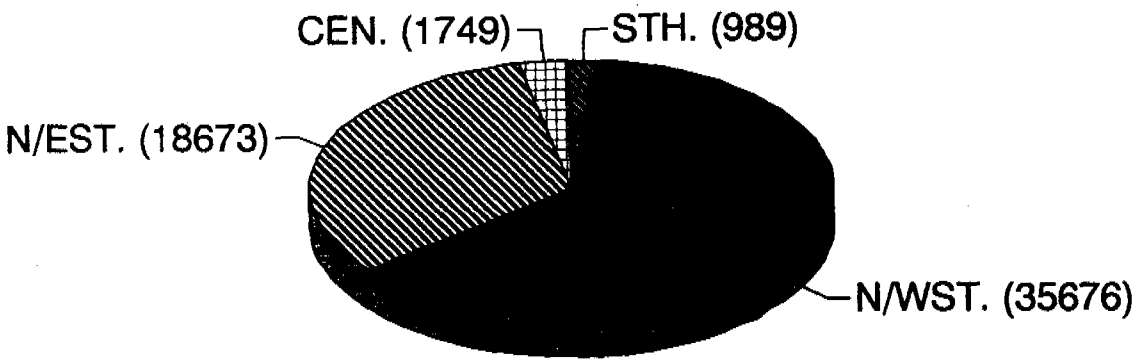
The incidence of measles is by far the highest amongst all vaccine-preventable diseases, but cases of tetanus (see Table 5.2), diphtheria and polio continue to be reported. Statistics from the Ovambo HIS indicate a rising incidence of reported polio cases between 1986 and 1988, with two cases in 1986, 62 in 1987 and 135 in 1988 (Orinda, 1989:23). In 1989/90, two laboratory confirmed cases of diphtheria were recorded (Erasmus, 1991:18) Previous low levels of immunisation coverage are already improving since the launch of the Expanded Programme on Immunisation in 1990 (see Chapter 8).

The scanty statistics which are available suggest that acute respiratory infections (ARI) are another significant cause of morbidity and mortality amongst the under-5s. Statistics from the Onandjokwe Lutheran Hospital in Ovambo indicates ARI incidences of 18% of all paediatric admissions in 1986, 22% in 1987 and 27% in 1988. In Khorixas between January-July 1989, 20% of admissions were ascribed to pneumonia, whilst 43% of outpatient cases were diagnosed as ARI during a three day period in June 1990 (Erasmus, 1991:18). At the household level, cough within the preceding 14 days was reported amongst rural northern households for 37% of male children and 42% of female children, compared to 51% and 41% respectively reported amongst Katutura households (UNICEF Namibia, 1990:54).

5.3 Other Major Causes of Morbidity and Mortality

The endemic nature of malaria in the northern regions of the country confirm the need for extensive public health control measures to be introduced. During 1989/90, more than 20 000 clinical cases were reported, while it is estimated that more than 80 000 persons were treated for malaria in this period (although it is probable that this included other febrile illnesses). With an incidence rate of 473 cases per 100 000 population in northern Namibia, malaria remains a serious public health problem. The regional distribution of reported malaria cases in 1989/90, according to Ministry of Health and Social Services (MoHSS) statistics, is shown in Figure 5.1. Accurate mortality figures are not known, but with a proven case fatality rate of at least 1%, several hundred Namibians die every year as a result of malaria, many of them children (Erasmus, 1991:17). The explosive outbreak of malaria in the northern regions in 1990 was the culmination of four years of steady increase in cases in Ovambo - 27 014 reported cases in 1987, rising to 73 674 in 1990 (Ovambo HIS, 1991) - as well as in Caprivi and Kavango.

Figure 5.1 : Reported Malaria Cases 1/4/89 to 31/3/90

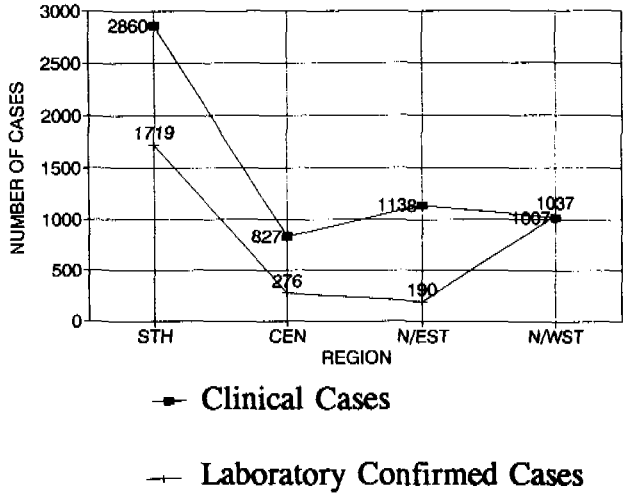


Source: MoHSS, 1990

Evidence from a recent World Health Organisation (WHO) report highlights the fact that laboratory tests indicate that most cases are p.falciparum, the most severe and fatal form of malaria. Transmission is seasonal in Ovambo, linked with the rainy season and is thus of an unstable nature, at risk of epidemic outbreaks such as the one recently experienced. On the other hand, the location of the major population settlements within 1 km of the Kavango River has created a situation of continued transmission in Kavango and Caprivi, where year-round contact with the sources of vector populations combines with a higher intensity of transmission at the end of the rainy season (WHO, 1990:8-9). Early warning systems will thus be of major importance within the malaria control programmes now being developed, in addition to health education programmes, improvements in local level diagnostic services and more epidemiologically appropriate and cost-effective spray operations.

There are extremely high incidence and prevalence rates of tuberculosis (TB) in Namibia, in response to which a national TB Control Programme is now being formulated. Between April 1988 and March 1990 there were 5 862 reported clinical cases of TB and 3 192 laboratory confirmed cases. Of the total cases, (see Figure 5.2), 49% were reported from the southern regions of the country (northeast 19.5%, northwest 17.3% and central 14.2%) (MoHSS, 1990). The higher prevalence rate for the south is in contrast to that for most other diseases: the reasons for this difference are not clear, and may result from poor diagnosis or case management, but may also be related to the widespread poverty, social dysfunction and also high levels of associated alcohol abuse which is increasingly characteristic of the southern communities.

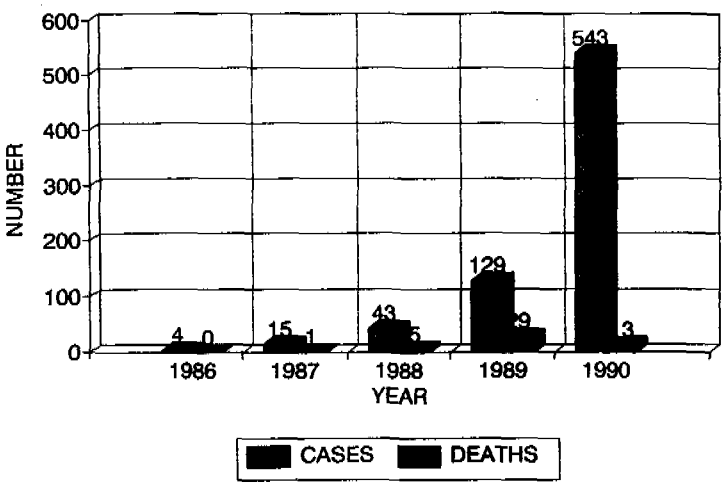
Figure 5.2 : Reported PTB Cases 1/4/88 to 31/3/90



Source: MoHSS, 1990

The rapidly increasing incidence of HIV infections may have a serious effect on the incidence of TB in Namibia in the future, due to the loss of cell-mediated immunity in HIV infected individuals. The current situation is highlighted by the following figures available from the MoHSS. The total of HIV/AIDS cases reported during 1990 was 543, equivalent to 74% of the total of 734 cases reported since 1986. In 1989, the case fatality rate reached a peak of 22% amongst the 129 cases reported (see Figure 5.3).

Figure 5.3 : Reported HIV/AIDS Cases and Deaths, 1986-90

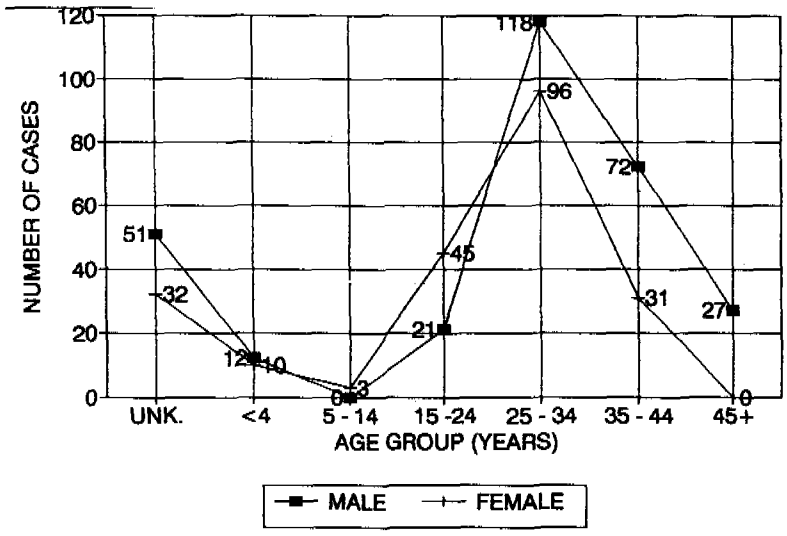


Source: MoHSS, 1990

Overall, the incidence rate has increased from 0.3/100 000 in 1986 to 41/100 000 in 1990. Regional breakdown of the figures imply that over half of HIV/AIDS cases reported since 1986 were in the Caprivi (39%) and Ovambo (12%) regions, whilst 31% were reported in the central areas. Case fatality also appears to be highest amongst cases originating in Caprivi. The age and gender breakdown of cases reported in 1990 is shown in Figure 5.4.

Overall, 74% of cases were recorded amongst the 15-44 years age-group, and 41% of cases were females.

Figure 5.4 : Reported HIV/AIDS Cases in 1990 by Age



Source: MoHSS, 1990

Whilst blood testing for HIV has increased markedly over the past few years, and reporting systems should improve as a result of the establishment of the National AIDS Control Programme in September 1990, it is extremely difficult to estimate how far the figures available reflect actual levels of HIV/AIDS. The likelihood is that actual levels are highly understated by present data. Similarly, it is problematic to determine why the greater proportion of cases are located in Caprivi, although a possible explanation could relate to the increased mobility of the resident population and travellers across the borders of Botswana and Zambia.

It is the high levels of sexually transmitted diseases (STDs) which would suggest that HIV/AIDS is currently extensively under-reported. Figures for 1988/89 and 1989/90 suggest an incidence rate for all STDs in excess of 1 000/100 000 population, with a total of 15 947 outpatient treatments for STD being reported in southern and central hospitals and clinics in 1989/90 alone, and 16 508 cases reported in the Ovambo region in 1990 (Ovambo HIS, 1991). A recent estimate for the southern region put the incidence rate at 52-72/1 000, approximately twice that reported amongst migrant workers in South Africa (UNICEF Namibia, 1991). The current reporting system is extremely weak: during this period only 24 clinical cases were notified, while laboratories reported 1 376 positive isolates. The most commonly diagnosed forms of STD in Namibia are gonorrhoea and primary syphilis.

There are other notifiable diseases which, whilst not as prevalent as those discussed already, have considerable implications for the health status of Namibians. The most comprehensive figures are available for the country as a whole for 1987/88: Table 5.2 below highlights the number of cases (not laboratory confirmed, however) and rates per 100 000 (based on an estimated 1988 population of 1.5 m) for selected notifiable diseases for that year.

Table 5.3 : Selected Notifiable Diseases, 1987/88, Total Cases and Rates per 100 000

DISEASE	Cases	Rate per 100 000
Malaria	73 458	4 897
STDs	16 538	1 102
Measles	4 487	299
TB	3 636	242
Bilharzia	777	52
Infective Hepatitis	416	28
Men. Meningitis	301	20
Bubonic Plague	95	6
Tetanus	48	3

Source: DNHW, 1988:8

Unreliable though these figures undoubtedly are, they do serve to indicate the extent of morbidity amongst the population, and the existence of specific poverty-related problems such as recurrent bubonic plague (mainly in the urban North). Indicators for other diseases and conditions compound the picture. Cases of trauma appear to be on the increase, with the incidence rising from 23/1 000 population in 1986/87 to 29/1 000 in 1987/88. No reliable statistical data on cancers and heart disease are available, but figures from 1979/80 from northern mission hospitals and the Windhoek Municipality suggest that cancer, strokes, hypertension, ischaemic and other forms of heart disease were major causes of death for both urban residents of Windhoek and rural dwellers in the north (Swiss Medical Corps Report, 1989:21). Sixteen percent of Katutura residents self-reported high blood pressure in the 1988/89 Windhoek survey (Pendleton and Du Bois, 1990).

Similarly, there are other health problems which occur infrequently in the statistics, and for which there appears to be limited service provision. In 1986/87, for example, there were some 10 000 attendances for psychiatric treatment at DNHW facilities (DNHW, 1987), whilst 16.8% of Katutura and 17.9% of Khomasdal residents registered high scores on a constructed global depression index (Pendleton and Du Bois, 1990:56). Scores in both residential areas were significantly higher for women than for men. In addition, problems of post-traumatic stress are now reported to be surfacing amongst returnees in the Ovambo region, where evidence from Oshakati Hospital suggests that returnees are especially susceptible to paranoid psychosis and neurotic depression. Amongst young returnees, these psychological problems are manifesting themselves in alcoholism, suicide and forms of anti-social behaviour, including recourse to violence (Tapscott and Mulongeni, 1990:19). A recent survey of alcoholism in southern Namibia (Pomuti and Eiseb, 1990), as well as informed indications from other regions, highlight the extent of this problem, and its serious implications for child health and welfare, in particular.

There are a range of factors associated with the extent of disability amongst the population,

which, it is estimated, may be in the region of 10% (personal communication, OXFAM-Namibia, March 1991). Whilst war-related disabilities contribute to this figure, other causes include two polio epidemics in the 1960s, coupled with low levels of immunisation, poor nutritional status of mothers, car accidents and congenital conditions such as cerebral palsy. It is probable that a significant proportion of disabilities are preventable: there is need also, however, for rehabilitative services to be developed, particularly in respect of the provision of prosthetic appliances.

Another area of potential concern is occupational health and safety, in respect of which there is limited enforceable legislative provision at this time. A 1983 UN report suggested that mine workers and people living in the vicinity may be exposed to radioactivity in and around uranium mines (quoted in Swiss Medical Corps, 1989).

Additionally, there are 'occupational' health problems - back ache, aching joints and chronic fatigue and debility, for example - which in other sub-Saharan countries have been found to affect rural women, as a direct result of the extensive and physically demanding nature of the agricultural and domestic tasks they perform. Women's health is also negatively affected by the limited emphasis to date on maternal health care (see Chapter 8). The vulnerability of women during the reproductive period is compounded by a range of factors:

- a child care and development study in Uukwaluudhi (Zimba and Otaala, 1991) found that whilst some 58% of mothers said they ate three times a day, the diet was composed mainly of carbohydrates - fruit, fish, meat, vegetables milk and beans were virtually absent - and 64% reported that they consumed (possibly toxic) traditional beer at least three times a week during pregnancy;

- data from the demographic health survey (Mostert, 1989) and HHNS confirm significant numbers of teenage pregnancies, limited use of family planning, and high mean numbers of birth per woman;

- until recently when it was incorporated into the Expanded Programme on Immunisation, tetanus toxoid vaccinations were available only in hospitals;

- despite relatively high attendances at antenatal clinics in Uukwaluudhi (82% of mothers attended three or more times), 36% reported that they had received no advice during pregnancy.

These factors combined suggest and may be instrumental in causing situations of poor maternal nutrition and high levels of susceptibility to miscarriages, peri-natal mortality, low-birth weight and maternal morbidity and mortality. Much more investigatory work needs to be done to determine the reasons for the apparently high rates of maternal mortality discussed, however, as well as the apparent "contradictions" between the data which implies high maternal and infant mortality rates, yet relatively high life expectancy, and relatively high child malnutrition, yet generally good child feeding practices (see Chapter 7).

5.4 Conclusion

It is apparent from the foregoing data that there are a number of immediate causes of child and infant death. Amongst these, the major ones are seen to be malaria, diarrhoea, ARI and measles, which, compounded by chronic under-nutrition, pose the greatest threat of mortality for children. Given the current insufficiency of information, however, it is difficult to determine any ranking of these at this stage, a situation which points again to the urgent need to develop an effective national Health Information System.

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CHAPTER 6 : UNDERLYING DETERMINANTS : HOUSEHOLD FOOD SECURITY

6.1 Introduction

As seen in the Conceptual Framework (Chapter 3), Household Food Security (HFS) is considered a necessary but not sufficient condition for achieving adequate nutrition for children. This Chapter examines whether this necessary condition is in fact met on a broad scale among Namibian families. The question is examined in terms of whether adequate food for nutritional purposes is available at the household level on a regular and secure basis. Questions of utilisation of food within the household are raised in Chapter 7, in the context of maternal and child care.

As in most other areas concerning Namibian families, the analysis of Household Food Security is highly constrained by lack of data from this level.

6.2 Food Security at National Level and Links to the Household

Namibia's climate is largely unsuited to crop production, and the country normally imports the bulk of its basic food requirements. Up to the present, Namibia has been part of the "Rand Monetary Area", with two consequences for food importation: lack of a foreign exchange constraint; and South Africa as almost the sole source of imports. These conditions may change to a significant extent once Namibia introduces its national currency.

Food production in Namibia is divided, both historically and currently, into two distinct sectors: "commercial" large-scale farming, which concentrates mainly on livestock; and "communal" small-scale farming, which produces both foodcrops and livestock. Due to market discrimination and under-development, small-scale producers have historically been limited to production for home consumption and local sale, at low prices compared with commercial producers. This applies to the large number of millet-growing families in the northern regions, and to small livestock owners in the south of the country. Maize-growers in Caprivi and cattle producers in eastern central areas have enjoyed more equitable market access.

Whilst Namibia is a large net exporter of live animals and meat products, it has been in long-term deficit with regard to cereals (maize and wheat) and other basic foodstuffs such as vegetables, dairy products and vegetable oil. Rapid advances have been made in recent years to reduce the deficits in most of these products, particularly through increases in maize production on commercial farms in the Otavi-Grootfontein area, increases in medium-scale irrigation (e.g. at large dams) and in dairy production, where self-sufficiency has been obtained.

"Normal" levels of **cereal production**, in non-drought years, are of the order of 115 000 tonnes. Of this:

- roughly 65 000 tonnes is millet and 11 000 sorghum, produced for domestic and local consumption on small family farms in northern areas, mainly Ovambo;

some 35 000 tonnes is white maize and 5 000 tonnes irrigated wheat, produced mainly on commercial farms in central-southern areas and marketed to private milling companies and/or the Agronomic Board (about 8 000 tonnes of this maize are normally produced by small farmers and the First National Development Corporation on parastatal farms in Caprivi).

Virtually none of this cereal production is exported. Namibia's **cereal imports**, meanwhile, whilst fluctuating considerably in relation to local climatic conditions, are generally in the range of 70-80 000 tonnes per annum (excluding yellow maize for animal feed). This implies that Namibia is about 60% self-sufficient in basic cereals in terms of actual consumption. These consumption levels are estimated by the Food and Agricultural Organisation (FAO) at around 101 kg/person/year, which is relatively low for the Southern Africa region. Cereals are estimated to provide about 48% of total calorie intake in Namibia.

Given the existence of widespread under-nutrition, **present consumption levels (overall and per capita) appear to be well below levels required for adequate nutrition**. On available estimates, overall cereal supply (excluding animal feed) would need to be in the range of at least 210-215 000 tonnes (with corresponding household access thereto) for nutritionally-adequate levels to be widely attained (SADCC/FAO estimate based on population of 1.7m). This compares with normal availability of roughly 190 000 tonnes, implying a structural "cereal gap" of some 13% in "normal" years. This gap arises from a combination of low family food production and household purchasing power, rather than from supply unavailability. Without countervailing measures, this "nutritional gap" is liable to increase substantially for years in which drought seriously affects household food production.

Nationally, Namibia is well able to cover cereal import requirements at both present and nutritionally-desirable levels of consumption. At 1988/89 selling prices, imports of white maize and wheat are estimated for that year at R16.1 million and R14.7 million respectively, i.e. a total of about R31 m. This in turn was roughly 1.2% of Namibia's Rand merchandise export earnings. This amount might increase to about 1.6% after a particularly poor rainfall season, owing to increased importation of maize products, but remains very low (compared even to Botswana, where the comparable figure is around 7%).

Commercial retail marketing of maize products, and to a lesser extent of wheat products, extends into all regions of Namibia. However, considerable remote-area populations in non-arable or food-deficit areas are without easy access to retail outlets, particularly in the Kaoko, Herero, Damara and "Bushman" regions. The same is the case for significant numbers of people in the central-northern regions, and residents on commercial farms. Given time and transport costs for these population groups to reach retail outlets, and extended supply lines to many of these regions, such groups and regions may be considered relatively "food-insecure". It is noteworthy that transport costs per ton of maize meal from Windhoek are over seven times higher to Opuwo than to Gobabis, and that the landed price of maize-meal from Namibian mills is 6-12% higher in Ovambo (Oshakati) than in Windhoek.

Food aid importation for distribution targeted to at-risk groups and areas has only been significant since 1989, and even then on a modest scale (2 800 tonnes of cereal food aid in 1989/90 marketing year, mainly for rehabilitation of formerly exiled Namibians and 10 700 tonnes expected in 1990/91, for this group and for the national Drought Relief Programme

(data from World Food Programme, Windhoek)).

Generally, given relatively well-developed importation, purchasing, milling, wholesale and retail marketing systems, **threats to food security at the national and regional levels are slight compared with the vulnerability of many Namibian families.** Large numbers of poor Namibians face both precarious food access in the short-run and inadequate access over longer time periods.

6.3 Household Food Security in the Main Regions of Namibia

6.3.1 The Importance of Regional Differences

Ensuring access to food at the household level depends not only on secure supplies of food, i.e. from sources without risk of failure causing scarcity or rapid inflation; but also on sufficient and stable demand or purchasing power. Demand failure resulting in hunger and malnutrition may result even in the presence of adequate supplies: if people cannot grow or buy enough food and if social and public food redistribution mechanisms fail, there may be "hunger in the midst of plenty".

Since the large majority of Namibian families, even including those which cultivate food crops, do not gain most of their income and food from farming, food production alone cannot be a measure or guarantee, at least at present, of HFS. Foodcrop production is a major contributor to overall household food availability in the Caprivi and Kavango regions, and an important contributor in Ovambo. But on available indicators, it is unable on its own to provide a guarantee of adequate HFS for more than a small proportion of families in these regions, and contributes virtually nothing in the rest of the country. Therefore, almost all Namibian families need to supplement any contribution to food availability achieved through cultivation with additional sources of food (e.g. from transfers and use of domestic livestock) and income with which to purchase food.

6.3.2 Foodcrop-producing Regions

Foodcrop farming in northern Namibia is highly dependent on variable seasonal rainfall, increasingly so towards the west. A poor rainfall season means a decline in food availability from crops and possibly a decline in livestock holdings. Unless it becomes economic to stabilize crop yields with irrigation, both the nation and many households will remain vulnerable to **seasonal climatic threat**. These seasonal threats to HFS are compounded by longer-term deterioration of the ecological base arising from pressure on natural resources. Ovambo, where considerable population movements have taken place both internally and from southern Angola, is particularly affected by apparent deterioration.

In **Ovambo** in particular, arable agriculture appears to have been stagnant in terms of production per capita for a decade or more, as a result of conflict, out-migration, public neglect and lack of investment therein by families. More than in other northern crop-producing regions, and to an increasing extent, rural households rely on wages or salaries earned by family members, either locally or elsewhere in the country, for food purchases. Most families obtain at least part of their staple food requirements through purchases of maize products imported into the region, supplementing home production of millet and sorghum to

a greater or lesser extent. The rapid transition from a subsistence to a cash-based economy, coupled with the relative lack of involvement of young people including adult males in cropping operations, places an increasing burden of labour on women and elderly family members in small farm operations.

In many farming families, women and the elderly are the main or only source of labour, due to migration of males in search of employment. In such families, lack of direct access to draft animals and to cash for hire of draft power may be a major constraint on the ability of women cultivators to farm sufficient areas to ensure household food security at minimum nutritional levels. Equally, the capacity of families which rely on hand cultivation to obtain crop surpluses and expand domestic consumption, savings or investment, is highly constrained.

The gender imbalance in labour availability in the main crop-producing areas of Namibia is indicated by the results of the last national census, in 1981. The percentage of females in the total population in the crucial 15-44 years age group were found as follows: Ovambo Region, 59%; Kavango Region, 58%; Caprivi 58%. These three areas account for some 99% of Namibia's crop-producing households. Perhaps a quarter of working male residents in the northern regions have, at least until recently, been employed in activities related to the military. This gives some indication of the lack of direct application of adult male labour to family food production. Meanwhile, as seen above, rural households in Ovambo tend to have comparatively high proportions of older people and children, and high dependency ratios overall.

The marketing opportunities for the produce of small-scale farmers in Namibia are severely constricted. No organised markets exist as yet for millet, the major crop in the Ovambo and Kavango regions (although considerable unsatisfied demand for this food in processed form may exist in central and urban Namibia), nor for other common products such as cowpeas. Limited facilities are provided for the sale of cattle in these regions, e.g. the cannery at Oshakati, but no access is yet available to buying outlets beyond the far north, through which the full benefits of export-market prices may be obtained.

Concurrent with the lack of crop marketing facilities is an absence of crop processing facilities, except for the small minority of farmers growing maize. The millet and sorghum farmers of Namibia, largely women, presently process all their output by hand, a time-consuming exercise that may well act as a disincentive to increasing production.

Meanwhile, agricultural services are so far very poorly developed both in the northern regions, and for small-scale farmers (i.e. all but the largest 5-10%) in the rest of the country as well. Those services that do exist are not appropriately targeted to women farmers, tending to concentrate on assistance to activities, such as stockraising, dominated by men (e.g. inoculations for cattle), or on male producers themselves (a significant exception is the agricultural training programme of Rossing Foundation in Ovambo). Services for small farmers which barely existed at Independence (particularly outside Caprivi) include: accessible and affordable sources of improved basic seed; provision of information on yield-enhancing cultivation techniques derived from local farmer-based research; sources of credit or subsidies for securing of draft power, ploughs and harness, tools, fencing material and additional labour inputs for asset-poor and labour-scarce farming families; and, as described above,

accessible and reliable product markets for sale of surpluses.

Non-arable production is of considerable importance for northern and north-eastern Namibian households as a source of income and contributor to food security. However, such activities tend either to be heavily dominated by men (e.g. cattle raising), or to be of a seasonal nature (fish-catching in ponds and swamps). Income from handicrafts (basketry, wood-carving) is also significant in certain areas, but a lack of producer organisation and involvement in marketing tends to limit direct economic returns. Formal employment opportunities in the northern "communal" regions are extremely limited: with about 45% of the population, the Ovambo region in 1988 had only 6% of the country's (non-military) formal employment (see Chapter 9).

Ovambo families in general, therefore, tend to experience chronically **low incomes and purchasing power**. The HHNS found per capita reported annual income levels in rural Ovambo averaging R255 (US$102) and in peri-urban Ovambo R759 (US$303). The low rural income levels reported, although supplemented by minimal levels of per capita livestock holding and low-yield foodcrop production, give great cause for concern. In addition, reliance of northern rural families on "non-earned" sources of transfer income is high, with the HHNS in rural Ovambo finding 54% receiving remittances and 30% pensions. These proportions were much lower in urban and peri-urban areas surveyed.

An additional short-term pressure on household-level food requirements in Ovambo was placed by the arrival during 1989 of about 37 000 Namibians from exile (about 85% of the total repatriated), although this was initially mitigated by support to "returnees" from UN agencies and the Council of Churches in Namibia in the form of monthly food rations and agricultural inputs. A relatively good millet harvest was achieved in Ovambo in 1990. However, the medium-term result of the effective enlargement of families in this region following repatriation, given the very limited employment opportunities available, may be to increase food insecurity for certain households and communities.

The apparent widespread under-nutrition prevailing among children in Ovambo, and in particular the (possibly seasonal) high rates of short-term malnutrition found in this region by the HHNS (see Chapter 1), are likely to be caused to some degree by food insecurity at the household level. There is insufficient evidence to allow certainty about such a causal linkage, and the limited information on disease patterns in the northern regions tend to suggest that other factors may be more important (see Chapter 8). However, in view of what is known, it seems reasonable to assume that seasonal (drought- and harvest-related) food insecurity for Ovambo households is a significant contributory factor to short-term child malnutrition, either directly through reduced food intake or through increasing vulnerability of children to disease. In addition, **chronic poverty and low incomes, together with ecological factors, tend to result in widespread precariousness of food security in Ovambo**, increasing the risk to children of short-term malnutrition provoked by seasonal factors. Chronic poverty also appears to be strongly associated with "prolonged" undernutrition among Ovambo children, as seen in the high rates of stunted growth.

Put differently, success in raising levels of HFS (i.e. household income, including food production), and reducing fluctuations therein, may not in itself lead to reduction in child malnutrition in Ovambo, but may well be a pre-condition for achieving such a reduction.

Households in the **Kavango and Caprivi** regions are both less susceptible to climatic fluctuations and better able, in broad terms, to meet their basic food requirements from their own production. A higher proportion of families are engaged in arable farming, mixed with cattle-raising and fishing in many cases. Investment by families of additional income in farming operations appears more common than in Ovambo. In Caprivi in particular, cereal (maize) markets provide a more stable economic environment, in which small-scale producers can gain cash income as well as producing for household consumption. The potential for agricultural growth, both from improved practices on rainfed land and through irrigation of higher-value crops, is greater in Kavango and Caprivi than in Ovambo, so that, in the medium-term, agriculture can be expected to make a greater contribution to food security at household as well as at national levels.

The HFS position in these areas is not, however, un-problematic. In addition to occasional droughts (such as in 1989/90), Caprivi in particular is experiencing rapid urban growth, and formal sector jobs are relatively scarce. As a region located far from major markets, Caprivi is also highly vulnerable to changes in market conditions and rises in transport costs, which may affect cash-crop producing and staple-food-importing families alike. Finally, as indicated in Chapter 1, the relatively better agronomic conditions in the Kavango and Caprivi regions appear to co-exist with rates of wasting and stunting among young children which are both relatively and absolutely high.

6.3.3 Non-foodcrop-producing Regions

Land in the **southern and central regions** is unsuitable for rainfed crop production, and rainfall is very low (less than 100mm annual precipitation in large areas). The allocation of productive land is extremely skewed by quantity and quality, with the majority of such land being privately held. There are some private farms in the former "Hereroland" communal areas, but most of the non-freehold land has no individual land titles, and is at best marginal in productive terms. This marginality has been aggravated by heavy crowding of people and livestock, resulting in ecological degradation. Apart from veterinary services and some water development, there has been little support provided to communal land livestock production.

Communal area livestock production is a vital source of employment and income in these marginal areas. However, its potential contribution to HFS is limited by poor land, scarce water and overgrazing. In the past, farmers have been obliged to sell in local auctions where prices were considerably lower than those for direct slaughterhouse sales. Prices to small-scale livestock farmers are also reduced due to poor condition of animals.

Some 200 000-250 000 workers and dependents are believed to live on private, commercial farms. Wage levels are believed to be generally low (typically up to R120 per month) and usually include some food and family lodging. Access to health and especially education services is far from universal and often sporadic. No information is available on levels of malnutrition among children resident on these farms (patterns in other SADCC countries suggest that this may be cause for concern). Employment levels on private farms tended to decrease during the 1980s, related to drought and declining world prices for Karakul sheep pelts, adding to unemployment in urban areas.

In urban areas within the central-southern livestock farming "block", overcrowded

"townships" have grown up, with very poor housing and sanitation conditions. Little crop cultivation takes place, primarily due to inadequate space and water, but some horticultural projects have been initiated.

Unemployment is a major problem throughout the centre and south, and much available employment at small enterprises is at low and hitherto discriminatory wage levels. The mining sector is a major employer with an estimated 10 000 workers, many of them migrants from the north. In townships throughout the southern and central regions, unemployment levels of 50% and over are reported.

Partly as a consequence, many families depend on income from a single pension with occasional remittances. In many cases, grandparents support a considerable number of young children, with the pension supplemented by community-level assistance (e.g. from local Churches). HFS for these and other households with low incomes and high dependency ratios is clearly most precarious. The role of the pension system, although providing minimal support for "black" pensioners before Independence, has been and remains crucial for basic food access for many poor families (see Chapter 9).

While little data is available (see Chapter 1), malnutrition is believed to be widespread in central-southern areas, although it is not highly "visible". The small range of foodstuffs available, and low purchasing power of many families, raise concerns about the adequacy of young child feeding which need further investigation. The extent of alcohol abuse in these areas is also of considerable concern (see Chapter 8), and household spending on alcohol often competes directly with spending on food.

The major urban concentration in Namibia is the **Katutura** "township" which adjoins Windhoek. As previously seen, child malnutrition is common in Katutura, but much less so than in most northern and rural areas. Average incomes appear to be higher than in most smaller (non-mining) urban areas: the HHNS estimated per capita income levels in Katutura at R1 454 (US$82), or R7 419 per household, which is borne out by other data (Pendleton and Du Bois, 1990). However, there are considerable disparities in the distribution of incomes between households in Katutura, as elsewhere. The HHNS estimated that the top 20% of Katutura households earn 46% of total income, whereas the poorest 40% earn only 13% of the income. This meant that 9% of Katutura households were estimated to earn less than R100 per month, whilst 29% earned below R300 per capita per month. Particularly given urban living costs (such that even the poorest 20% of households were found to pay an average of R92 per month in rent) families in this low income range must be considered highly food-insecure.

Looking at the relationship between income and basic living costs in slightly more detail:

- in Katutura, at mid-1990 prices, it would take about R717 per year just to purchase enough maize-meal (in 12.5 kg bags) to provide nutritionally-adequate amounts of this dietary staple (approximately 115 kg/person/year) for an average-sized household (6.8 persons). Comparing this with HHNS data (UNICEF Namibia, 1990), this expenditure would represent about 42% of the reported 1990 average income of the poorest 20% of households. The cost of maize-meal plus average reported rent alone would slightly exceed this income. Whilst this does suggest some under-reporting of

total income levels in the HHNS, it also clearly suggests a generally desperate situation for the poorest households in Katutura, in which access to basic necessities such as staple food and/or shelter is liable to be compromised. It is notable that the same calculation for the second-poorest quintile suggests that slightly over half of the average income would be taken up by staple food requirements (if actually obtained and limited to maize alone) plus rent.

the UNICEF/FSG Household Food Security study of the northern areas estimated the cost of a full basic minimum diet (2 000 Kcals/person/day) in Ovambo in late 1990 at R29.4 per person per month[1] (Food Studies Group, 1990). Slightly adjusted for inflation, this would suggest a level for an average-sized peri-urban household (6.3 persons) by May 1990 of R2 356 per year. This was fully 54% of the average peri-urban income in Ovambo reported at that time by the HHNS, and well in excess of the average reported incomes in the poorest 40% of households in that area. Even allowing for some under-reporting of income and possibly below-average family size amongst the poorest households, it would appear that this 40% is able to survive only either at considerably sub-optimal nutritional levels; or from transfers of goods (such as millet) in kind; or both. Overall, the poorest 60% of peri-urban Ovambo households appear highly "food insecure", and the poorest 40% would seem to face very serious risks should transfers from outside the household be reduced (e.g following a drought which affects millet transfers).

These calculations are rough, based on limited data, and no more than crude approximations of reality. However, they tend to strongly confirm that food insecurity resulting from low (and insecure) incomes is very widespread among Namibian households in the non-food-producing areas under discussion in this section.

6.4 Main Determinants of Household Food Security

Based on the analysis above, it is apparent that **even in the northern crop-producing regions, HFS in Namibia is not primarily a food production problem but an incomes and employment problem.** Whilst there is every justification for attempting to create a strong agricultural basis in northern areas, based on existing human and natural resources, the major advantage of this for Namibia would be to provide incomes and employment. This would imply that attention in such areas should be focused on smallscale, labour-intensive farming activities, as well as on specific target groups whose ability to secure food is especially insecure. In **communal livestock-producing areas**, improvements in land and water access, as well as in extension services and in access to markets, appear to be a pre-requisite for better HFS.

On **private farms**, a combination of low wages, poor services and remoteness from consumer outlets of food appear to threaten HFS for workers and dependents. In **urban areas**, household food insecurity derives almost wholly from low per capita incomes, taking into account often high dependency ratios, low wages, extensive unemployment, relatively high living costs, and the hitherto low but often crucial contribution of a monthly pension.

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[1] Dietary composition: 40% maize, 20% bread, 10% each sugar, rice, oil and meat.

6.5 Identification of the Most Food-Insecure Groups

A general typography of food insecurity in Namibia is shown in Table 5.1 below. Its limitations should be recognised: for example, the complex structure of Namibian extended families makes it difficult to define "household" or "family" with any degree of precision, and resource-sharing between kin is a powerful mechanism for reducing risks of a catastrophic decline in income. However, the enduring strength of such kinship ties, particularly over distance and with accelerated urbanisation, is open to some question. Finally, there is no way to quantify the extent of household food insecurity at present. Child nutritional status is a commonly-used proxy for such insecurity but, as this analysis has made clear, HFS is only one of the possible determining factors of nutritional outcomes.

Table 6.1 : Typography of Households Most 'At Risk' to Food Insecurity in Namibia

Rural families with one or more of the following characteristics:

General
- those with limited access to cash remittances or other sources of cash/transfer income;
- large families with high 'economic dependency' ratios (few adults and many children);
- families in remote areas with limited access to commercial networks or 'relief' services;

Labour scarce
- households where the elderly and women are the only source of labour (particularly those looking after young grandchildren);

Land and water scarce
- farming families most exposed to uncertain and inadequate rainfall;
- recent migrants settled on marginal land;
- families farming exhausted land without means of restoring fertility;
- families without ready access to water (for domestic use, livestock watering and/or irrigation);

Capital depleted
- families with few or no livestock (particularly cattle) or with drought-depleted herds;

Skill scarce
- families of mothers of low educational attainment or low access to organisational and income-earning skills;

Agricultural wage labour
- families depending mainly on low agricultural wages.

Urban and peri-urban families

- families with incomes below R250/month (R350/month in and around Windhoek);
- families without employment, particularly recent migrants, single parents and the elderly;
- families with low incomes and high propensity to alcohol consumption;
- families with inadequate housing in relation to income (i.e high rent) or family size (space).

Source: adapted from Food Studies Group, 1990:9

Further examination of the position of households headed by women, probably the most numerous group facing food insecurity, is made in Chapters 10 and 11.

6.6 Addressing Household Food Insecurity in Namibia

Achieving HFS for the large number of presently food-insecure families in Namibia is clearly a complex task, given widespread low incomes, climatic variation, resource constraints to raising productivity (particularly family labour shortages and natural resource scarcity) and to expansion of employment. In broad strategic terms, measures which may be considered to improve the HFS of the most vulnerable families in Namibia, would include efforts to:

i) raise overall household incomes and employment on a broad basis, particularly for the poor majority, through a combination of increased productivity in smallscale farming operations, including livestock, and greater opportunities for non-farm employment, based primarily on locally-available resources, skills and markets;

ii) increase the productivity and returns to women's labour invested particularly in arable farming and food production, under limiting conditions imposed by household labour shortages and natural resource scarcity and fragility;

iii) increase opportunities for women's entry to other economic activities, including stock farming, non-agricultural formal employment and informal sector activities, particularly through increasing women's access to education, literacy, skills training, technical knowledge and financial credit;

iv) reduce the time, energy and economic costs involved in performing domestic tasks, such as the fetching (or purchase) of cooking fuel and water, food preparation and processing (especially for millet);

v) increase access to additional secure income sources, particularly through public transfer mechanisms, such as seasonal public works, food or cash assistance in response to failures of rainfall and/or harvest, and increases in real value of income transfers to the non-working population (through pensions, disability allowances, child benefits, school meals, etc).

These strategic directions are taken up further in Chapter 13.

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CHAPTER 7 : UNDERLYING DETERMINANTS : MATERNAL AND CHILD CARE

7.1 Introduction

A range of factors external to the individual household directly influence the welfare of both mothers and their children. The combined effects of poverty, limited access to services and resources and rapid social change have a generally negative bearing on the ability of households to sustain themselves, particularly where previously adaptive social and cultural practices are transformed or distorted. For children particularly, increased vulnerability to neglect and abuse is common where family structures collapse under economic and social pressures. As noted in Chapter 6, household food security is directly linked to childhood malnutrition, but there are a variety of feeding practices, including breastfeeding and weaning, which influence the use of whatever food is available to the family (see section 7.3). In addition, the very limited emphasis on and availability of health services for maternal and child care (see Chapter 8) has meant not only that mothers and children are at greater risk of ill-health during pregnancy and infancy, but also that a considerable additional burden is placed on women in having to care for themselves and children during illness episodes. The lack of child spacing services, discussed in the following section, has limited the ability of women to control their fertility, and further compounds the extent to which they are at risk during the reproductive years.

7.2 Fertility and Contraception

There are a number of important factors associated with fertility and contraception which have a bearing on maternal and child care. Fertility patterns are influenced to a large extent by socio-cultural norms - preferences for large families predominate, for example, where a woman's social status is linked to her role as child-bearer and mother, and where a pattern of extended family relationships can only be maintained by continuity in the reproduction of new members. The age at which women commence reproduction, and the time interval between births are also influential for the health of both mothers and children.

For the country as a whole, it is evident that the use of "modern" birth control devices is minimal and the fertility of the population is still at the high level of a country in the initial phases of demographic transition. The results of a recent fertility survey (Mostert, 1989) reveal that women in Namibia start the reproductive process at an early age (the mean age at first birth being 19.5). **More than 50% of the women in the sample recorded having had their first child during their teens, and amongst this group the mean age at first birth was 16.3 years.** More than 80% of teenagers in the sample had already given birth. From an attitudinal perspective, it is clear that youthful pregnancies are viewed in a positive rather than negative light, since 84% of all women (67% of teenagers) felt that the timing of their first birth was right. It is also evident that **a large proportion of women (regardless of their ethnic identity) have high fertility preferences** and, on average, those interviewed stated that optimally they would wish to have five children.

In contrast, in the 1990 HHNS, 81% of women aged 15 years and above reported having given birth and 19% overall (39% in peri-urban Ovambo) had given birth by the age of 20. As seen in Chapter 4, the survey also estimated a total fertility rate of 5.9 overall, ranging

from 5.2 in Katutura to 6.4 in Ovambo (7.3 in the peri-urban areas of Ovambo).

Overall, age at first marriage is also young, with the mean age at first marriage (or co-habitating union) of ever married women found to be 23.3 years in the national survey. Fifty percent of women aged 15-19 years were already married, and rates of remarriage are high for all age-groups (Mostert, 1989). Evidence suggests that there is no major stigma attached to first pregnancies occurring outside marriage, particularly where older female relatives within extended family structures take responsibility for child care.

It is thus perhaps not surprising that the use of "modern" contraception is still at a low level. Of the women sampled, 27% indicated that they had never used contraception and a further 23% indicated that they had only used methods such as rhythm, withdrawal or breastfeeding. At the time of the survey, just 33% of the women interviewed were making use of "modern" methods. The absence of a formalised policy on birth control in Namibia has also, obviously, served to reinforce existing trends in contraception. Of 17 health centres visited in Ovambo in late 1989, for example, only two were offering any form of family planning (Orinda, 1989).

As can be seen from Table 7.1 below, there are significant differences in fertility levels and usage of contraception between urban and rural areas, and within different rural areas. More urban women had ever used or were currently using contraception, and more were also using efficient methods than rural women. Amongst the rural groups, women in Okavango appeared to have the lowest level of contraceptive use, with the highest levels being found in Damara and Rehoboth regions. Women in the Rehoboth area also had their first child later, and wanted fewer children. Age at first child was lowest in the Herero region, whilst preferences for larger numbers of children were expressed by women in the Kaoka region. These trends suggest substantial differences in fertility patterns and attitudes towards contraception throughout the rural areas of Namibia and confirm the need for more research to assess the critical factors which determine these behavioural differences.

In addition, the 1990 HHNS in Ovambo suggested very limited contraceptive use among survey women, with 87% of peri-urban and 90% of rural women respondents reporting no current use. Access to and familiarity with "modern" methods in Katutura was higher, particularly among the 20-40 age-group. Finally, none amongst the 2 783 women respondents in the HHNS reported the use of condoms, which must be a cause for concern given recent increases in HIV infection and cases of AIDS in Namibia.

Table 7.1 : Characteristics of Fertility and Contraceptive Usage, 1989

REGION	Mean age at first birth	Mean no of children wanted	% ever used f/p	% now using f/p	% now using "modern"
Windhoek	20.0	4.2	85.3	61.8	59.9
Other urban	19.1	4.3	78.7	41.1	37.7
RURAL	19.3	4.7	74.6	46.8	42.3
Nama	19.7	5.0	70.0	26.1	24.5
Rehoboth	20.6	4.8	82.8	53.7	51.5
Herero	17.7	4.9	86.0	37.2	32.7
Damara	19.0	4.8	89.6	50.0	45.7
Okavango	19.2	6.3	55.1	27.0	7.3
Caprivi	20.1	5.1	57.8	27.4	14.2
Kaoko	19.8	7.6	87.0	48.6	10.4
ALL	19.5	5.0	73.1	42.7	33.8

Source: Mostert, 1989: 26-28

7.3 Breastfeeding, Weaning and Child Feeding

Of special relevance to mothers and children are the maternal and child care and feeding practices which bear directly on nutrition and health, and which form a crucial aspect of the utilisation of often inadequate food resources available to the household. The relative appropriateness of these practices is important in off-setting the extent and impact of morbidity associated with unhealthy environments and with impoverished, resource-scarce conditions.

The benefits of breastfeeding for the child and the mother are well established. Whilst extended breastfeeding reduces the risk of exposure to pathogens in contaminated water and food, the young child also gains from the immunological properties and essential nutrients available in the milk. For mothers, suppression of ovulation and savings on purchased substitute milk formulas are important advantages. Changes in the sexual division of labour, greater participation in formal employment and increasing 'Westernisation' of the diet may all contribute to reductions in the duration of the exclusive breastfeeding period, and to the age at which complete weaning occurs. Data from the HHNS (UNICEF Namibia, 1990) confirm the occurrence of these trends, as shown in Table 7.2 below.

Table 7.2 : Mean Age at which Solids were Introduced, and Breastfeeding Stopped, HHNS, 1990

AREA	Mean age (months) at which: Solids introduced	Breastfeeding stopped
Katutura (N=440)	3.5	8.7
Peri-urban Ovambo (N=475)	4.2	14.5
Rural Ovambo (N=837)	4.1	16.9

Source: UNICEF Namibia, 1990:72

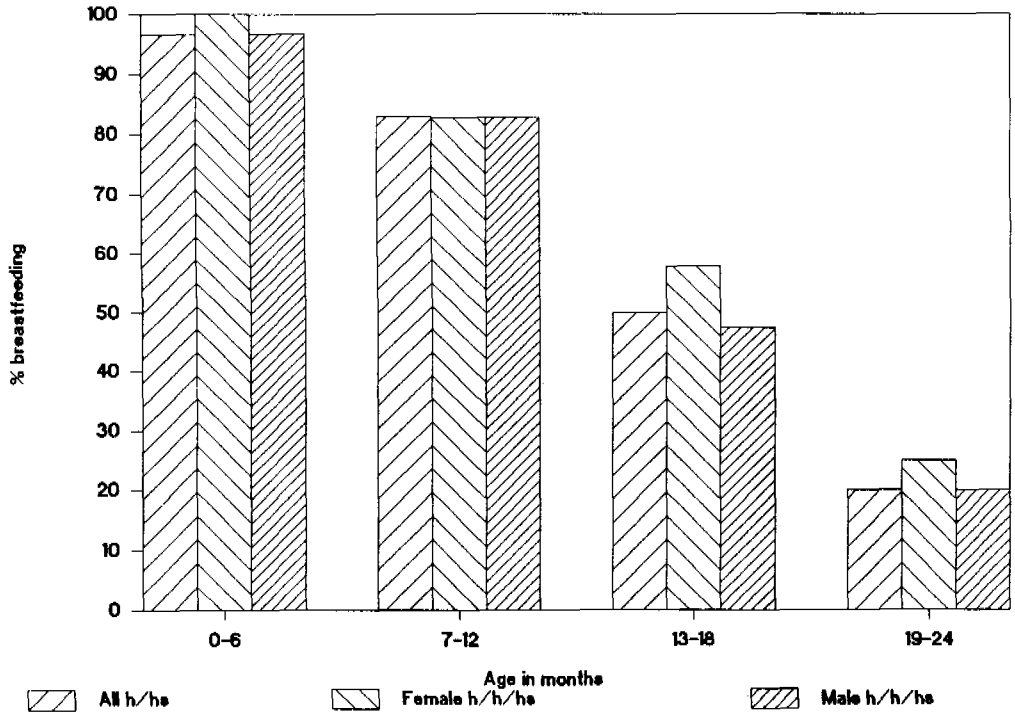
Similar breastfeeding trends have been observed in studies of other regions: Mostert (1989) found almost universal breastfeeding amongst rural women in the north (97%), but an earlier study in Katutura and two small towns in the south (Hughson, 1986) found 54% breastfeeding amongst children at age three months, which declined to 15% by the age of 12 months.

Urban women in Katutura introduced solid foods at an earlier age than that generally recommended (minimum of four months) and had completely weaned their children at a significantly earlier age than the women in Ovambo. It is noteworthy, however, that the analysis of the data on nutritional status of the children (1 557 under five years of age) suggested no increase in malnutrition amongst these early-weaned urban children, suggesting that knowledge and availability of suitable weaning foods was generally sufficient to protect nutritional status.

More detailed information on breastfeeding and child feeding practices in one part of the country is available from a recent survey conducted amongst 300 children under the age of two years in two peri-urban areas of Ovambo - Oshakati and Ondangwa (NISER, 1991). As shown in Figure 7.1, 97% of children aged 0-6 months were being breastfed, dropping to 50% of those aged 13-18 months, and to 20% of those aged 19 months and above. There were no discernable differences in breastfeeding related to the gender of the head of household, and overall, the figures present a picture of relatively good practices in this area.

A total of 83 children (28%) were being breastfed only, and of these, 73% were residing in male headed households. The trend suggested by the data is that mothers in female headed households introduce solids earlier than those in male headed households indicative of the pressures amongst the former to supplement their income sources by formal or informal sector employment (see section 10.3). At the same time, however, the figures confirm existing data on the **limited amounts of money available for the purchase of food in female headed households** - 41% of all food items given included foodstuffs which were likely to be purchased (bottle milk formula, instant cereals, maize porridge, tea, bread, meat and eggs) but of these foodstuffs, 72% were provided to children in male headed households. Conversely, thin or thick mahangu (millet) porridge or ontaku (a drink made from fermented mahangu) accounted for 55% of the foodstuffs provided in female headed households, and the provision of sugar or soup with the mahangu porridge was reported in only 56% of cases.

Figure 7.1 : Percentage of Children Breastfeeding by Age (Months) Oshakati and Ondangwa, 1990 (N=300)



Source: NISER, 1991

Overall, the extent to which cereal-based and other appropriate weaning foods were provided is again indicative of **relatively good feeding practices.** The survey was, however, undertaken during a period of relatively good availability of mahangu, the major subsistence crop in the region, following above-average rainfall during the 1989/90 season. This would imply perhaps serious food deficits amongst peri-urban female headed households in other years, where income is not readily available to make up for any shortfalls in the supply of mahangu from rural homes. Moreover, even when harvests are good, they may be insufficient for feeding throughout the year; time series studies are necessary to determine the seasonal nature of subsistence crop availability and any linkages with diminishing feeding and consequently rising levels of malnutrition.

In addition, it is notable that the mean age of the mothers (or other female child minders) interviewed was young (26.6 years with a range of 16-45 years), and that 77% were unmarried. The average number of children per household (mean 3 and median 2) was also low. Thus, as found also in the HHNS, there is a predominance in the Oshakati-Ondangwa region of young, single women with an average of 1-2 children under two years, whose nutritional status is dependent on the mother's ability to continue breastfeeding as long as possible as well as on linkages with their rural homes for subsistence foodstuffs. **In contrast, children in the male headed households are more likely to be part of an extended family group which has better access to income and is less reliant on links with subsistence farming for the acquisition of foodstuffs.**

In addition, information was elicited on the age at complete weaning of the child preceding the sampled child. In 14 households, data on this was unavailable, and in a further 85, the sampled child was the only child. In the remaining 201 cases, the mean age at weaning was reported as 16.5 months, with only 13% of these children being weaned at age 11 months or less.

Particularly at the time of introducing solids, but also throughout the first two years of life, it is important for children to receive small but frequent feeds. The ability to absorb energy and nutrients is limited by young childrens' small stomachs and the provision of only few, bulky meals may pave the way for long-term stunting and chronic malnutrition. The optimum number of daily feeds during the weaning period is 4-6, and the majority of the children in the sample were on average receiving the ideal, or better, for the first 18 months. Only by the beginning of the first year did feeding times begin to drop fairly rapidly, levelling off to a fairly standard pattern of adult feeding - three times a day - amongst the 22-24 months age group. Of the 83 children who were breastfed only, 70% were being fed seven or more times per day. As shown in Table 7.3 below, thick mahangu porridge (the foodstuff used most frequently, and also the most bulky foodstuff provided), with or without sugar or soup, was provided most often to those children being fed four or more times per day.

There is very little available information on the specific nutritional make-up of the diet in the different areas of the country, either for adults or children. For greater understanding of the critical feeding practices which either contribute to or ameliorate nutritional problems in infants and young children, it will be important to assemble such data as quickly and as widely as possible (see Chapter 13). In addition, as it is already known that in many areas, grandmothers have the major responsibility for child care, it will be essential to assess possible differences in their understanding of nutritionally sound feeding, as well as in their access to resources to ensure it. For all mothers and care-givers, community-based **growth monitoring** programmes can provide a central focus for education in respect of nutrition and sound child feeding practices, particularly where they are linked to immunisation and other maternal and child health outreach activities.

Table 7.3 : Frequency of Provision of Different Weaning Foods, Oshakati and Ondangwa, 1990

FOODS GIVEN	% of all foods	Times foods given (%) 0-3	4-6	7+
Milk formula	8.3	20.6	61.2	17.6
Purchased cereal	4.6	31.2	37.6	31.2
Thin mahangu alone	12.4	31.4	35.2	33.3
Thick mahangu alone	7.8	25.0	25.0	50.0
Thin mahangu with soup, sugar or sour milk	1.7	28.6	42.8	28.6
Thick mahangu with soup, sugar or sour milk	23.4	26.0	35.4	38.5
Maize porridge	4.6	42.1	36.8	21.0
Tea	5.6	56.5	30.4	13.0
Bread	7.1	44.8	34.5	20.7
Any fruit or vegetable	9.5	20.5	43.6	35.9
Any meat or egg	7.3	16.6	56.7	26.7
Ontaku	7.6	9.3	35.5	45.2

Source: NISER, 1991

Evidence from other countries in the region suggests that the greater the use which can be made of appropriate existing practices and foods, the more readily mothers themselves are able to contribute to child survival. In this context, one important indicator is highlighted in the HHNS (1990:57): the potentially harmful practice of stopping breast milk during an episode of diarrhoea appears to be extremely limited, being reported as a response to diarrhoea in pre-school children by only 1% of northern rural households, and not at all in northern peri-urban and Katutura households.

Tentative conclusions from the above suggest, therefore, that Namibian parents (particularly mothers) appear to make relatively good use, in nutritional terms, of available food resources in the household, including breast milk. The very limited data on feeding practices, in one peri-urban area, although collected after a favourable harvest in the region, suggest that weaning practices are appropriate in the majority of cases. **The possible exception, requiring further careful investigation, is the situation of children of young, unmarried women in female headed households.** Most survey information has so far emanated from the northern areas of the country; there is cause for concern about child feeding from the less substantiated but nevertheless consistent picture of the apparent extent of alcoholism amongst parents, including mothers, in southern areas. In an investigation of alcoholism in the south (Pomuti and Eiseb, 1991), social workers interviewed mentioned

the hands of siblings, and instances were alcohol itself was introduced to children by their parents at a very early age. **Not only was alcoholism described as a response to the underlying problems experienced by low-income groups facing constant food shortages, but also as a significant factor in worsening such problems, leading to increased child malnutrition and mortality.** The impact of alcoholism in these terms is believed to be significantly within communities in most, if not all, regions of the country.

7.4 Issues in Maternal and Child Care within the Household

Little is known about child and maternal care practices for Namibia as a whole, or amongst the country's different cultural groups. There are a variety of practices which affect the likelihood of safe motherhood amongst women, and which determine the physical and emotional wellbeing of the child, as well as laying the foundations for intellectual and social development in later life. A number of indicative findings are available, however, from a child care and development study undertaken in the Uukwaluudhi area of Ovambo (Zimba and Otaala, 1991) and from a study of alcohol abuse undertaken in southern areas of the country (Pomuti and Eiseb, 1990). Whilst the former highlights some of the traditional practices which are retained in the north, the latter shows how the conditions of life pertaining in pre-Independent Namibia have seriously undermined households' ability to care for and support their children.

For the great majority of rural women, time is taken up almost continuously in domestic and agricultural tasks. In the Uukwaluudhi survey, common tasks were identified as including collecting water, collecting fuelwood, fence mending, millet flour production, food preparation, basket making, house cleaning, livestock tending and farming. Mothers experience significant problems in allocating sufficient time to child care under such circumstances, with respect to preparation of food for and feeding of young children, play and other child-centred activities, and the ability to maintain a healthy environment for children (particularly where the environment is already resource-poor).

The workload borne by women has negative implications not only for mothers and children after birth, however, but also for the health of both mother and foetus during pregnancy. The Uukwaluudhi survey findings indicate that almost half of the 136 mothers interviewed had no assistance with household and other tasks from others whilst pregnant. In approximately 70% of cases, fathers were absent from the household for prolonged periods of time; where assistance was available it was usually provided by the mothers' older children or their sisters.

As discussed in section 10.3, provision of pre-school facilities is extremely limited in both rural and urban areas. In their absence, **mothers are obliged to mobilise family members as care-givers; in the Uukwaluudhi survey it was found to be primarily <u>older siblings and grandparents</u> who took on this responsibility.** Not only is contact with the mother therefore limited, but it appears that the social and physical stimulation provided by the alternative care-givers is minimal, particularly for children in the 0-under 3 age group. As children grew older, into the 3-6 years age group, contact with the mother became even more limited, and the extent of time spent with older siblings and peers increased. As language developed in this age-group, mothers tended to tell stories to and sing with their children

more often, but for other play activities and when making toys from locally available materials, the children themselves had largely to provide their own stimulation.

The alcoholism study highlights the circumstances of the older siblings, most frequently, sisters, who as result of taking on child-care tasks, sometimes have their own schooling seriously disrupted. The situation of all children in families where alcohol abuse is common is, however, extremely disturbing: "alcohol abuse is one of the most prominent factors directly affecting child welfare in southern Namibia" (Pomuti and Eiseb, 1990:11). **Child neglect was reported by health personnel to give rise to high levels of infant mortality, where sick children were not taken for treatment, and where low incomes, mostly spent on alcohol, led to diminished food supplies in the household. As children drop-out of school, and are unable to find employment, many become "street children" and derive their only income for food from working on the streets and begging** (see Chapter 11).

Social workers reported that child abuse was common amongst households where alcohol was abused by one or more adults, with numerous cases of sexual harassment, often by an older family member, or child-beating by an intoxicated father, being significantly under-reported. Data from a survey of rape cases (Hubbard, 1990) highlights the significant extent of **reported** rape of girls under the age of 18.

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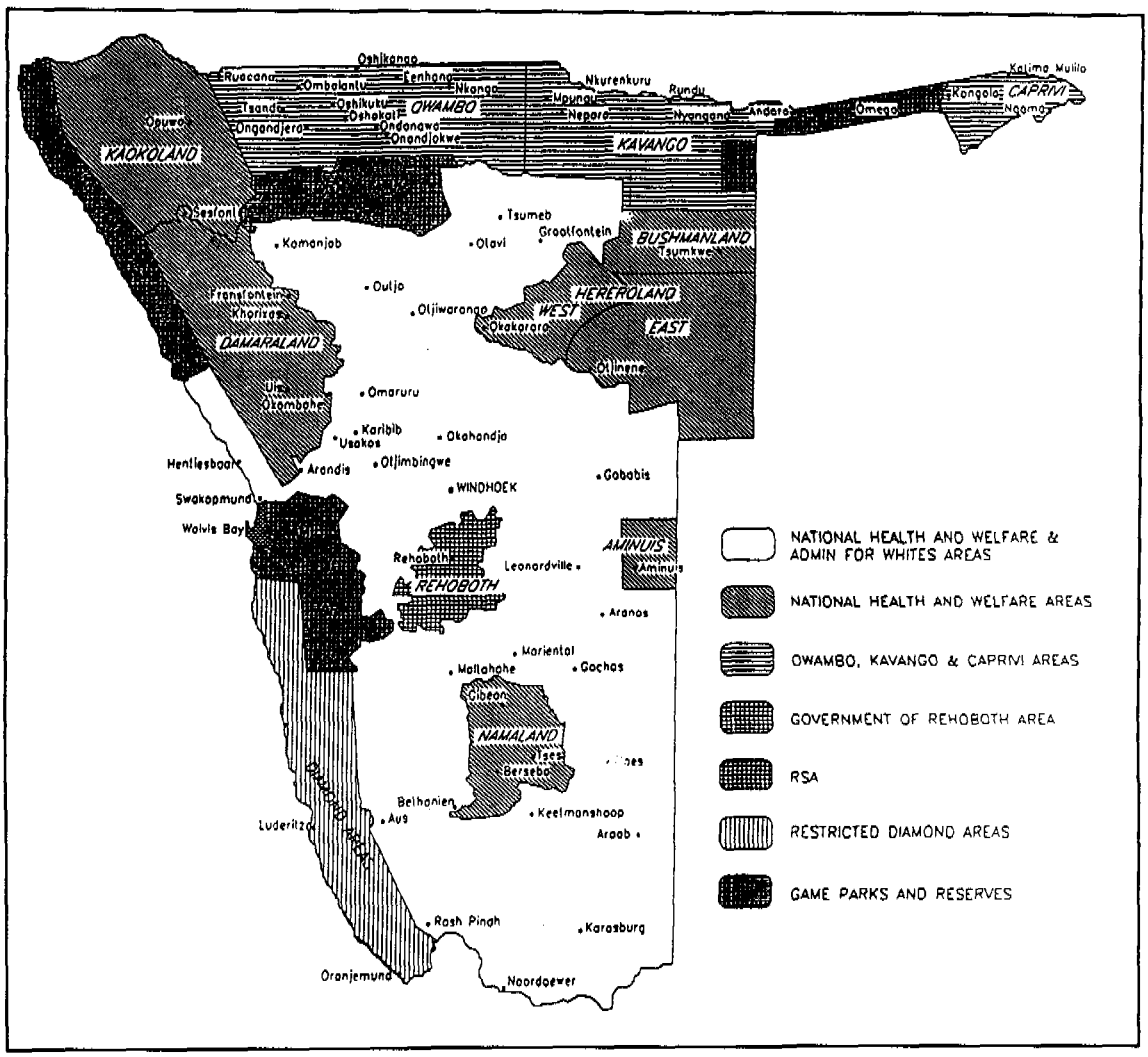
CHAPTER 8 : UNDERLYING DETERMINANTS : THE PROVISION AND USE OF SERVICES AND A HEALTHY ENVIRONMENT

8.1 Health Services

As is the case with the provision of education (see section 8.3), the administrative framework within which health services in pre-Independent Namibia operated was severely fragmented. The Representative Authorities Proclamation of 1980 divided responsibility for health services between seven separate authorities: the administrations for Whites, Caprivians, Damaras, Kavangos and Ovambos, the Department of National Health and Welfare (DNHW) and the Government of Rehoboth (see Map 8.1). This fragmentation not only produced a highly skewed pattern of service delivery on a regional basis, but also gave rise to a separation of health functions within and between the different authorities. Curative and environmental, or preventive, services were partitioned, as were the curative and diagnostic laboratory services.

Map 8.1 : Areas of Health Care Jurisdiction, 1989



Source: Reproduced in Bennett, 1990:14

As described by a United Nations Development Programme (UNDP) Mission in 1989:

> "This arrangement has not only mitigated against the establishment of national policies of a technical nature - such as a standard list of essential drugs; it has also resulted in the costly duplication of facilities and resources in those areas where more than one administration is represented .... due to the past development of an elaborate curative infrastructure, continuing expansion of primary health care to meet basic health needs must now compete with the maintenance of expensive hospital services."
> (UNDP, 1989a:2)

The emphasis on curative services led to the establishment of expensive hospital facilities in the capital, Windhoek, and other urban centres. In 1989, of 2 311 beds in DNHW hospitals, 47% were located in three towns: Windhoek (862), Gobabis (112) and Keetmanshoop (103). Only 3.5% of total available beds (7 108) were in clinics (UNDP, 1989a:6).

As the major national referral centre, Windhoek hospital consumed some 47% of the DNHW's total budget. At the same time, the existence in most urban centres of separate hospitals under the control of the Administration for Whites and the DNHW gave rise to competition for resources, and duplication of expensive capital equipment. It was in the segregated urban hospitals, moreover, within which the effects of racial discrimination were most obvious: between 1 April 1988 and 31 March 1989, patient days per bed averaged 23.7 for 'whites' as compared to 157.2 for 'non-whites' in health facilities under the Administration of Whites.

The introduction of a more appropriate referral system has been initiated by the Ministry of Health and Social Services (MoHSS) since Independence, and using the new classification system, the functional distribution of facilities (including church and mine facilities) in 1990 was as shown in Table 8.1.

Table 8.1 : Distribution of Health Facilities, 1990

FACILITY	Number	%	Beds	%
Clinics	198	77.4	45	0.6
District Hosp.	31	11.7	3 404	44.7
Health Centres	25	9.4	673	8.8
Regional Hosp.	5	1.9	2 260	29.7
National Hosp.	1	0.4	720	9.5
Private Hosp.	6	2.3	505	6.6
TOTALS	266	100.0	7 607	100.0

Source: MoHSS, 1990a

Health facilities provided by private agencies - primarily the mining companies and the churches (predominantly Lutheran and Roman Catholic missions) - make a significant contribution to the overall provision of services, particularly in the centre-south and northern areas respectively. Under the previous "second tier administrative" divisions, 15 out of 24 hospitals were operated by missions and contained 48% of the beds available, including about half of all beds in Ovambo. The church facilities rely heavily on state subsidies. Meanwhile, private practitioners are concentrated in the urban areas, and by arrangement with the relevant administrations, made full use of state facilities. An extensive range of contributory private medical insurance options are available, as well as a new private hospital in Windhoek, but are accessible only to higher-income families.

Table 8.2 reflects the regional distribution of health care facilities. The inequitable distribution of health resources is marked: facilities in the south and central regions are relatively well developed, as are those in the northeastern region (Caprivi and Kavango). It is the Ovambo and Kaokoland areas in the northwest which are most clearly underdeveloped in respect of health infrastructure. In addition, these areas are particularly lacking in primary level health care facilities - clinics and health centres - the availability of which is crucial for the delivery of outreach, ante-natal and other primary health care services.

Facilities in the Ovambo and Kaoko regions are spread over an estimated land area of some 75 724 km^2. In a needs assessment survey conducted in 1990, cases were cited where people had to travel for over 40 km in order to get to the nearest health centre (Andima, 1990:20), and had to rely on the use of donkey carts for transport.

Table 8.2 : Regional Distribution of Health Facilities, 1990

REGION	Est. popul. ('000s)	No of hosp.	No of clin. & h/c	Hosp. beds	Beds per 1 000	Facil. per 10 000
Windhoek	166 0	5	7	1 526	9.2*	0.7
N/west	799 6	9	59	2 457	3.1	0.8
N/east	187 9	4	66	990	5.3	3.7
South & Central	437 3	25	91	2 634	6.0	1.7
TOTAL	1 590 8	43	223	7 607	4.8	1.7

* The national referral hospital in Windhoek serves a wider population than Windhoek alone: beds per 1 000 population may thus be closer to 3.

Source: MoHSS, 1990a

In the same survey, complaints were frequent about the treatment received at the health centres - many had insufficient stocks of medicines and few nursing staff. Whilst respondents in the south reported that clinics were relatively more accessible, there were similar complaints about shortage of medicines and understaffing, in addition to long periods queuing

for treatment. Some 29% of urban residents in Katutura and Khomasdal rated the state medical services provided as poor in a 1988/89 survey (Pendleton and Du Bois, 1989:60).

The previous fragmentation of health services administration has also given rise to unequal distribution patterns of health personnel, as shown in Table 8.3 below. Because of the previous emphasis on curative, hospital-based care, clinics are particularly understaffed, with only 66% of posts filled. Similarly, primary health care staff and administrative personnel are in short supply. On a regional basis, 32% of all vacancies occur in the north west and east, whilst 52% of all clinic vacancies are in these two health districts. Very few staff have been trained in primary health care, and even those who do not view health care with an exclusively curative perspective have been unable to undertake primary health care activities due to personnel shortages and lack of institutional support from senior personnel and administrators.

Table 8.3 : Posts Filled as a Percentage of All Posts by (a) Region and (b) Specialisation, 1990

(a) REGION			(b) SPECIALISATION	
WINDHOEK:	Hospitals	85%	Doctors	89%
	Clinics	78%	Dentists	61%
	Total	85%	Registered Nurses	72%
N/WEST:	Hospitals	85%	Staff Nurses	82%
	Clinics	61%	Assistant Nurses	94%
	Total	79%	Pharmacists	59%
N/EAST:	Hospitals	83%	Health Inspectors	64%
	Clinics	55%	Medical Technologists & Technicians	22%
	Total	72%	Radiographers	48%
SOUTH:	Hospitals	91%	Rehabilitation Professionals	24%
	Clinics	73%	Senior & Junior Administration	77%
	Total	85%	TOTAL	82%
TOTAL:	Hospitals	86%		
	Clinics	66%		
	Total	82%		

Source: MoHSS, 1990a

In the absence of a comprehensive, integrated national health information system, it is difficult to arrive at a full picture of the utilisation of health services in Namibia. In addition, the limited extent of primary health care and outreach activities, the emphasis on curative services and the relative inaccessibility for the bulk of the rural population of those services which are available, distort patterns of utilisation. Evidence available suggests that attendances for both preventive and curative services in some regions at least have risen over the past few years, as shown in Table 8.4 below.

Table 8.4 : Use of Health Services in Former DNHW Coverage Areas, 1986-1988

SERVICE UTILISED	1986/87	1987/88	% increase
Hospital admissions	91 851	93 842	2
Outpatients, clinic and visiting point attendances	636 464	773 643	22
Well Baby Clinics attendances	40 083	86 018	53
Family planning attendances	59 862	72 242	17
Antenatal attendances	26 003	30 970	16

Note: Figures relate to administrations other than those for "whites", Caprivi, Kavango and Ovambo, and cover about one third of the total population

Source: DNHW, 1988

Despite overall increases in DHNW-coverage areas, however, attendances for preventive services in 1987/88 were still at least 50% below the expected visits per head per year for all services: attendances at Well Baby Clinics were equivalent to 23% of expected visits, whilst antenatal attendances were equivalent to 34% of expected visits. Other figures reflect differential utilisation on a regional basis: attendances for preventive services vis a vis curative services in the various health districts varied in 1989/90 from 14% in Swakopmund to 34% in Gobabis (Erasmus, 1991:10).

Data for 1990, relating to the take-up of maternal and child care services in all the hospitals and 50 clinics in the north west region (having a total catchment population of some 600 000), indicate the extent to which provision of these services is inappropriately confined to hospital facilities. For example, only 10% of the approximately 113 000 antenatal care visits recorded where at clinics, and only 2% of the 18 283 deliveries. Only 5 064 family spacing attendances were recorded for the year, all of which were at hospitals (Ovambo HIS, 1991). Until the MoHSS adopted the PHC after Independence, there was no development of orientation or capacity at regional or district level to provide maternal and child health (MCH) services at the community level. Particularly noticeable is the complete lack of community-based growth monitoring and nutrition surveillance initiatives, which, coupled with the very weak and limited HIS, has had considerable implications for maternal and child health (see Chapter 5).

The relative absence of health education, outreach and other primary health care activities has

no doubt given rise to unnecessarily high levels of clinic and hospital attendances in respect of many health problems. Communities, households, and mothers in particular, have been denied access to primary level health care facilities, adequate water and sanitation supplies and information which could be utilised to prevent, and/or manage within the home, many of the major morbidity problems faced by rural populations in Namibia - measles, gastro-enteritis, tuberculosis, for example. Findings of the HHNS (UNICEF Namibia, 1990:57) are indicative of this situation: whilst 82% of households in three northern districts reported that they would take a child of pre-school age to a health centre in the event of an episode of diarrhoea, only 62% reported that they would utilise home treatment with oral rehydration solution.

For urban residents, utilisation of private health care appears to be an important option, and this increases in relation to higher incomes and levels of education. Almost one-third of Katutura residents and 56% of those in Khomasdal households reported having visited a private practitioner in the previous 12 months, compared to 46% and 29% respectively who had visited a state doctor during the same period (Pendleton and Du Bois, 1990:23). The HHNS found limited utilisation of traditional medicine (only 5% of all rural, peri-urban and urban households reported using traditional medicine for a pre-school child with diarrhoea), and the Demographic and Health Survey (Mostert, 1989) reported no current utilisation of traditional family planning methods. Sixteen out of 136 mothers (12%) interviewed in Uukwaluudhi said they had received advice from a traditional midwife during pregnancy (Zimba and Otaala, 1991). The whole area of traditional medicine and attitudes towards its utilisation is in need of greater research and understanding, however.

The relatively high utilisation rates of health care facilities **suggest a potentially positive response to the introduction of more appropriate community-based primary health care activities.** This will increasingly be the case if clinics and health centres are better equipped to provide comprehensive health education programmes, coupled with the deployment of community-based health workers and greater access to water and sanitation facilities. In particular, relatively good breastfeeding, child feeding and child care practices appear to exist in the northern areas (see Chapter 7), and these, as well as the already relatively high levels of utilisation of maternity facilities (only 26% of children in the Ovambo households surveyed by the HHNS were born at home), **may effectively be built on** to reduce maternal and child morbidity and mortality. The development of a community-based **growth monitoring programme**, providing the central focus for nutrition education and a multi-sectoral response to malnutrition will be particularly important, but has been lacking up to now. A more integrated approach may be needed in the south and central areas, where evidence of alcoholism, domestic violence and other social problems indicate a considerable overlap between health, economic and social issues.

The potential for **social mobilisation** around health care issues has already been demonstrated by the dramatic increase in **immunisation** which resulted from the Expanded Programme of Immunisation (EPI) launched on a nation-wide basis in 1990. Formerly, immunisation was extremely limited: the HHNS, conducted prior to the EPI launch, showed that most immunisations were received, if at all, at ages considerably older than those recommended, and that high drop-out rates reduced the number of fully-vaccinated children. For example, more than one third had never received DPT and only 55% had received all doses in the period 12-23 months. Full measles coverage was as low as 15%.

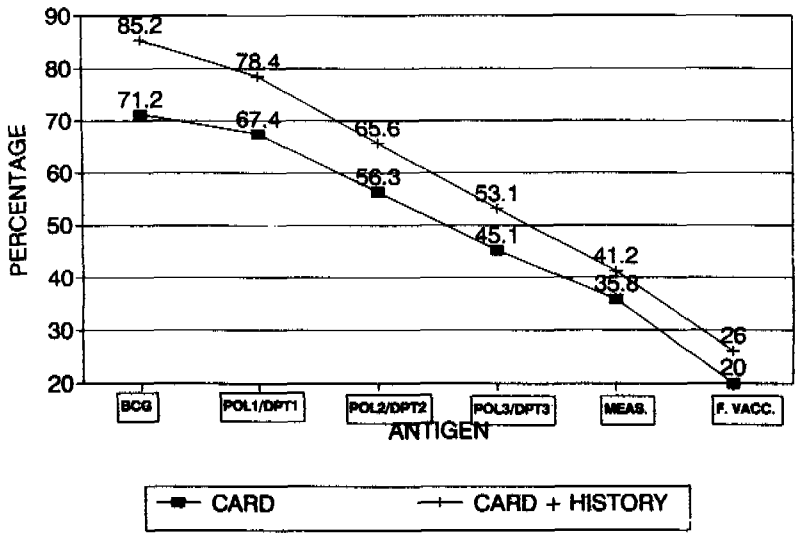
By the time of the National and Urban EPI Coverage Survey in December 1990 (MoHSS, 1990b), coverage had increased significantly, although urban coverage was still somewhat better when compared with national coverage, with the exception of tetanus toxoid vaccinations. Results of the survey are shown in Table 8.5, expressed as percentages of children in the national survey (n=215) with the urban figures in brackets (n=211), and in graphic form in Figure 8.1.

Table 8.5 : Results of the 1990 EPI Coverage Survey

VACCINATION	0-11 months Card	0-11 months Card & History	12-23 months Card & History
BCG	71.2 (68.8)	85.2 (93.5)	87.9 (93.5)
OPV1	67.4 (70.7)	78.4 (88.1)	86.5 (91.6)
OPV2	56.3 (61.9)	65.6 (79.0)	72.1 (83.7)
OPV3	45.1 (51.6)	53.1 (67.9)	58.6 (71.7)
DPT1	67.4 (71.2)	78.4 (88.7)	86.5 (91.6)
DPT2	56.7 (61.9)	66.0 (79.0)	72.1 (83.7)
DPT3	45.1 (51.6)	53.1 (67.5)	58.6 (70.7)
Measles	35.8 (24.7)	41.2 (51.5)	56.7 (48.8)
Fully Vaccinated	20.0 (24.7)	26.0 (29.3)	41.7 (48.8)

Source: MoHSS, 1990b

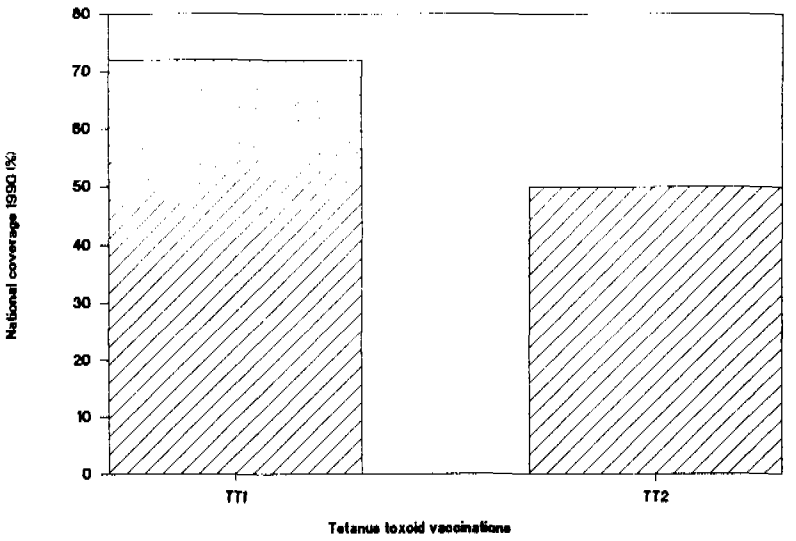
Figure 8.1 : Immunisation Status of Children Before 1 Year, 1990



Source: MoHSS, 1990b

A simultaneous tetanus toxoid (TT) Coverage Survey showed a national coverage rate of 50% (card and history) for TT2 and urban coverage of 27% (see Figure 8.2).

Figure 8.2 : Tetanus Toxoid Vaccination, National Coverage, 1990



Source: MoHSS, 1990b

Considerable progress has thus already been made during 1990 towards the immunisation goals for the Year 2000: 90% immunisation coverage of one-year-olds, 95% reduction in measles deaths, elimination of neonatal tetanus (by 1995) and the eradication of polio.

8.2 Water and Sanitation Services and Access

There are considerable hydrogeological problems associated with water development in Namibia. In overall terms, absolute availability of water is very limited, with groundwater being scarce and difficult to locate, and high salinity making a significant proportion of available supplies unsuitable for human consumption. The only permanent sources of surface water are found in the river systems on the country's northern and southern borders. The inherent instability of Namibia's typically sandy soils makes the development of boreholes and wells more than usually difficult. With a mean annual rainfall of only 250 mm, and the annual increase in demand for water currently outstripping population growth, the development of this vital resource presents a major challenge.

Prior to Independence in 1990, basic service provision in the former South West Africa was strongly biased towards urban settlements and commercial farming areas, at the expenses of the majority of the population who resided in very poorly served 'homeland' areas. In line with other basic services, thus, the provision of protected water supplies and appropriate sanitation facilities was severely limited for the communal areas as a whole (see Maps 8.2 and 2.4). A recent World Health Organisation (WHO) review of the situation in Namibia found that an estimated 70% of the rural population had no secure access to a clean water supply, while 90% had no adequate sanitation facilities (Laugeri et.al., 1990). The HHNS conducted in Katutura and Ovambo recorded similar figures: 95% of households in the rural areas surveyed had no sanitation, and only half had water in or nearby the dwelling.

Figures for the country as a whole suggest that, out of an estimated total population of 1.8 million, 53% have no secure access to clean water and 77% have inadequate sanitation facilities (Evans, 1990). In adopting the primary health care approach, however (see Chapter 11), the new Government has committed itself to improving this situation, acknowledging the direct link between the lack of clean water, poor sanitation, disease incidence (particularly in relation to the high incidence of gastro-intestinal disease) and high levels of infant mortality.

The most pressing need is to provide sufficient numbers of protected water sources for the rural population, to improve overall service coverage. According to UNICEF criteria, a person is considered to have access to potable water if he/she lives within one kilometre of a protected water point capable of delivering 20 litres per day for every person using it, with a quality of water conforming to WHO standards. By this reckoning, only about 20% of the population of Ovambo, the most populous region, enjoys this level of service (Spruitj, 1990). The problem occurs not only at the household level: schools, clinics and other institutions are often just as poorly serviced. Inadequacy of supplies typically leads to over-utilisation of water points, with humans and livestock competing for the same source, and subsequent frequent breakdowns and interruptions in service. The workload of women is significantly increased when long distances have to be travelled to collect water - the average journey in Ovambo was estimated at just under two hours (UNICEF Namibia; 1990) - and there is considerable loss of potentially productive time in such circumstances. Women may also experience physiological problems, such as neck and back strain, when large quantities of water are carried on the head.

The best water points in Namibia are often to be found in areas where they have a primary economic function as stock watering facilities. In areas where livestock are numerous, such as the Herero region, relatively sophisticated water points have been established, typically consisting of a fenced area with a motorised borehole, a large storage tank and a cattle trough. Elsewhere, the rural water shortages are so acute that expensive tanker delivery services have been required to provide communities with basic needs during drought. The general lack of readily available protected sources means that during the rainy season, many rural people resort to drawing water from highly polluted temporary surface sources, caused by flooding. Although supply levels are somewhat better in commercial farming areas, and in urban and peri-urban centres, service coverage is particularly limited in middle and lower income areas.

In urban and peri-urban, however, **water utilisation rates** are also influenced by economic factors. In Windhoek, for example, water consumption per plot in the "black" township of Katutura averages 97-170 litres per day, compared to 433-733 litres per plot per day in "white" areas (Evans, 1990). Women interviewed in southern peri-urban centres during a needs assessment survey frequently mentioned the problems experienced by low-income families in paying their water bills; only an absolute minimum of water was utilised for domestic needs, and it was not economically feasible for households to initiate gardening or other productive activities (Andima, 1990).

An increase in the absolute number of water supplies is only part of the challenge of improving service delivery, however, as much needs to done in respect of **environmental hygiene at the water points.** At many existing sources, where basic water quality is good,

conditions are such that the risk of contamination of water at the point remains high. Outlets from piped water supplies in rural areas, for example, are often inadequately protected and poorly maintained, leading to the development of unsightly and unhygienic surroundings caused by spillage and leakage. Standing water around water points encourages encroachment by livestock, leading to faecal pollution and general degradation of the immediate environment. In Eastern Caprivi, many residents draw water from shallow wells which have been provided with strong concrete linings, but which have been left open and unprotected at the top, creating a high potential for water pollution. Environmental conditions are thus highly unsatisfactory at most water points, and to these factors must be added the subsequent risks to water quality during long journeys home, and as a result of unhygienic home storage and handling practices.

The neglect by previous colonial administrations of community-based preventive health care services precluded the development of concerted environmental health and sanitation campaigns in rural areas. It is now well established, however, that **improved technologies alone are unlikely to lead to health improvement unless accompanied by substantial modifications in behavioural patterns.** In the absence in the past of sustained community-based health and hygiene programmes, rural people have been denied access to essential information which will empower them to protect themselves from the hazards presented by contaminated water supplies and poor environmental sanitation. Similarly, there has been a failure to involve user populations in the development, maintenance and control of water resources. **Community management systems**, supported by appropriate technical back-up, have been found to be a crucial element for the long-term sustainability of water and sanitation programmes in countries throughout the Southern African region, but have not so far been widely promoted in Namibia. The development of effective health and hygiene educational campaigns will be essential for the promotion of household sanitation facilities.

Over and above the lack of experience in community participation, future planning for and implementation of water supply improvements will be constrained by a variety of other factors, including:

- lack of hydrological and groundwater surveys in communal areas;
- lack of inventories and mapping of existing water sources in communal areas, and investigation of household water availability and utilisation practices;
- the fragmented and haphazard nature of previous programmes, with little attention paid to appropriate technology testing and development, repair and maintenance services and training for self-reliance in basic operations;
- extreme shortages of trained Namibian personnel in all areas related to rural water supply provision and improvement.

8.3 Educational Services

Independent Namibia inherited an educational system which was highly fragmented and where allocation of resources was segregated on the basis of race and ethnicity. The responsibility for educational provision was divided in 1980 between ten Representative Authorities, each charged with the administration and development of educational facilities up to Standard 10 (the 12th school year)[1] and teacher training within their delimited territories. The Department of National Education (DNE) was established at the same time, to provide and control education, excluding tertiary education and that provided by the Representative Authorities, which in effect meant private schools and schools for 'non-whites' outside the 'ethnic authority' areas. The National Education Council was responsible for advising the central authority on general education policy, whilst the Examination Board prescribed course content, syllabi, examinations and certificates, all of which were modelled on those of the Cape Education Department of South Africa. Tertiary education was the responsibility of The Academy, an umbrella organisation established in 1985.

The educational system resulting from these forms of administration was heavily skewed in terms of the quantity of educational resources made available on a regional basis, as shown in Table 8.6 below.

Table 8.6 : Number of Schools, 1990, and Pupils and Teachers, 1989

TEACHING DISTRICT	No. of schools			Pupils		Teachers	
	Pri	Sec	% all	No.	%	No.	%
Khoixas	62	13	6.4	25 179	6.7	1 103	8.5
Keetmanshoop	71	11	7.1	22 309	5.9	1 062	8.1
Katima Mulilo	68	9	6.6	22 519	6.0	796	6.1
Gobabis	23	5	2.4	11 760	3.1	463	3.6
Windhoek	82	22	9.0	46 029	12.2	2 297	17.6
Rundu	240	7	21.3	37 173	9.8	1 318	10.1
Otjiwarongo	31	7	3.3	19 434	5.1	850	6.5
Ondangwa	492	17	43.9	193 438	43.8	5 151	39.5
ALL DISTRICTS	1 069	91	100.0	377 841	100.0	13 040	100.0

Source: Department of Economic Affairs, 1989; SWAPO, 1990

In addition to the primary and secondary schools, there were, in 1989, a total of only 25 pre-primary schools, two agricultural schools, five technical/industrial schools and institutes and five regional training institutes for primary school teacher training. The figures for school

[1] The nomenclature of "Standards" has now been changed to "Grades", but for purposes of convenience, use of the "Standards (Std)" is retained here.

include church-run schools. Historically, the churches have played an important local role in the provision of education services in some regions, in the absence of adequate state provision. This is particularly the case in Ovambo, and certain parts of the central and southern regions.

The number of unqualified teachers significantly limited the quality of primary and secondary education received under the colonial administration. According to 1989 statistics, only 32.5% of teachers were trained (that is, had Standard 10 plus one or more years of teacher training). In addition, over-crowding, poor school facilities, lack of classrooms, and restricted access to books and other educational materials compounded the situation. Out of 12 014 classrooms available in 1989, just over a quarter were prefabricated structures (11.7%) or temporary classrooms (15.9%). Almost all of the non-permanent classrooms were located in schools in the Rundu, Ondangwa and Katima Mulilo teaching districts in the north. Table 8.7 shows the pupil/teacher ratio and pupil/classroom (permanent and temporary) ratio on a regional basis.

Table 8.7 : Pupil:Teacher and Pupil:Classroom Ratios, 1989

TEACHING DISTRICT	Pupil:teacher	Pupil:classroom
Khoixas	23:1	25:1
Keetmanshoop	21:1	19:1
Katima Mulilo	28:1	32:1
Gobabis	25:1	29:1
Windhoek	20:1	22:1
Rundu	28:1	32:1
Otjiwarongo	23:1	29:1
Ondangwa	38:1	40:1
ALL DISTRICTS	29:1	31:1

Source: Department of Economic Affairs, 1989

A large number of schools are boarding schools (in 1989, almost 15% of pupils were boarders), and funds were more often utilised for hostel facilities than for technical facilities such as libraries and laboratories. There is, however, considerable concern about the situation of children living in boarding school hostels. Entering boarding school at 6 or 7 years of age, these children have to learn completely new rules and regulations and adopt a lifestyle very different from that experienced in their rural homes, having to look after themselves in strange surroundings.

Once at boarding school, the children are separated from their parents for most of the year, and parents consequently lose touch with their progress and situation at school. Lack of supervision and high pupil:teacher ratios compound this problem - although one of the

reasons for which parents are understood to prefer boarding schools is for the sake of discipline. Parents also appear to feel that as boarders, the children will receive some food, in comparison with day students, who might not be provided with food either at school or home. Health and nutrition problems appear to be widespread in the hostels, however: scabies and other infectious conditions are common and food provided is very limited and of low nutritional standard (UNICEF Namibia, 1991).

In absolute terms, the numbers for teachers and classrooms per pupil overall are at relatively low levels; the problems relate to the quality of facilities, the low standard of training of teachers and the inappropriate regional distribution of educational resources relative to demand. In addition, the situation is compounded by the very unequal distribution within districts; the very well endowed former (and still predominantly) 'white' schools in Windhoek are in contrast to poorly endowed schools in nearby Katutura.

The pupil:teacher ratio has reduced from 32:1 in 1986 to 29:1 in 1989, and the proportion of trained teachers has risen during the same period from 2 931 (26.4%) to 4 184 (32.5%). This situation would imply that there is not excessive pressure to increase the number of teachers available within the sector, although such demands will be generated as efforts to improve overall coverage are accelerated. There is clearly a pressing need to develop and improve in-service training.

This is particularly the case with respect to proposed innovations in the curriculum, and the change to English as the official language of Namibia, and its use as a teaching medium. In a country with several main local language groups, and three non-indigenous languages (Afrikaans, German and English), the creative use of language in the classroom will have a direct influence on the accessibility of tuition for pupils. The curriculum is currently heavily biased towards academic subjects, at the expense of emphasis on science subjects or training in technical and vocational skills. Figures for 1988 indicate the extremely low take-up rate for maths, science-related and technical/vocational subjects at the senior secondary level, as shown in Table 8.8.

Table 8.8 : Subjects Taken in Standards 8 and 10 by Percentage, 1988

SUBJECT	Percentage of Pupils Std 8	Std 10
Maths	3.4	4.1
Science-related	12.0	11.1
Agriculture	6.0	3.0
Industrial	1.0	1.0
Commerce	6.0	9.0

Source: Cralius, 1989:100; Clegg, 1989:214

Overall, less than 1% of all formal education students were receiving vocational or technical tuition in 1988. Not only has this situation limited the accessibility of such subjects for those

pupils who manage to stay on at school to the secondary level; it has also meant that the **curriculum has been largely irrelevant to the needs of the economy for skilled personnel.** Educational planning has been very limited, and lack of a competent and comprehensive inspectorate has further reduced the quality and relevance of educational provision. At the tertiary level, few attempts were made to match subjects offered within the various divisions of the Academy - the University, the Technikon, College for Out-of-School-Training (COST) and Distance Teaching - with the further education needs of secondary school graduates or drop-outs.

Thus, in 1988, it was estimated that there existed 90 vacancies for middle level agricultural technicians, and 350 for skilled workers in the agricultural sector (Department of Economic Affairs, 1988). These figures are undoubtedly an under-estimate of the current needs of the sector - they do not take into account the probable increase in vacancies as a result of emigration of skilled personnel, nor wastage from retirement or death, and do not incorporate the human resources needs related to development of rural areas and family agriculture, which is now receiving national priority. More substantive planning data are required, but it is clear that the proportion of students undertaking vocational and technical training is currently insufficient to meet even the under-estimated demand projections.

Given the lack of reliable population data, it is extremely difficult to assess with any precision the proportion of school-aged children who actually obtain access to formal schooling. Figures from the HHNS suggest that less than 50% of children in three rural northern areas eligible to attend primary school were actually enroled. Other estimates also suggest that a considerable number of children never gain access to primary school ranging from 50%-70% in some areas (Callevaert and Kallos, 1989). This fundamental lack of access to basic education is compounded by the constraints faced by children as they seek to move up through the system once admitted.

Major distortions are highlighted, for example, **by the extreme age ranges in any one standard, which arise as a result of the high numbers of repeaters within the system.** For example, children in Standard 4 should be approximately 12 years old, assuming a primary school starting age of 7 years, yet in 1988, 46.4% of all children registered at this level were aged 15 years and above. The percentage of children in this age-range in Standard 4 attending schools in Ovambo was 64.2%. Table 8.9 shows the proportion of repeaters at different levels in 1988, and the pass rates for 1987 at these levels. It should be noted, however, that these national averages probably disguise much lower pass rates occuring in many areas, particularly in the Ovambo and Kavango regions, where pass rates at Standard 8 were estimated at below 7% in 1988 (Department of Economic Affairs, 1989).

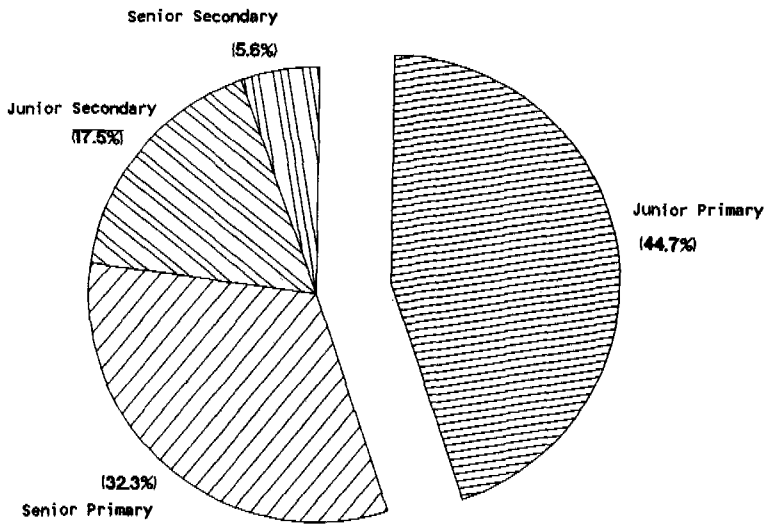
Table 8.9 : Percent Repeating, 1988, and Passing Exams, end-1987, for Selected Standards

STANDARD	% repeaters (1988)	% passing exams (end 1987)
Sub A	34.8	63.3
Sub B	25.4	72.2
Standard 1	22.5	74.7
Standard 4	31.5	54.5
Standard 6	17.0	72.1
Standard 8	27.7	42.6
Standard 10	6.6	57.3

Source: Callevaert and Kallos, 1989:26

A minimum of some 25% of children per standard are therefore failing end-of-year exams, and having to repeat the year. As a result, enrolments are heavily biased towards the primary level, as children may remain within the lower grades for a number of years, and/or drop-out at this level. The proportion of total enrolments for 1989 are shown in Figure 8.3. Reviews by educationalists have shown that the major problem in respect of poor educational attainment lies in the inappropriateness and limited relevance of the curriculum and teaching methods (Callevaert and Kallos, 1989).

Figure 8.3 : Distribution of Enrolments, 1989



Source: Department of Economic Affairs, 1989

The fuller picture of limited access to basic education is added to by the number of drop-outs from the system. It is estimated that 6-8% of pupils leave school within any one academic year, in addition to the high proportion of children who leave school for good at the end of the academic year. Cohort data are limited, but the figures shown in Table 8.10, from primary schools in the Ovambo region, typify the extent of the problem. The biggest drop, at about 40%, occurs at the very start of primary schooling, between Sub A and Sub B, at a time when children experience the greatest challenge and discouragement as new school attenders. Lack of "school readiness" may be a contributing factor for these young children. Households with a poor socio-economic environment present limited opportunities for stimulation and development in pre-school-age children, and coupled with very limited pre-school provision, results in children being disadvantaged in respect of both physical and mental development in the early primary years (UNICEF Namibia, 1991).

Table 8.10 : Drop-out Rate by Year and Standard, Ovambo Primary Schools, 1983-1988

YEAR	Standard	No. of pupils	% of starting figure
1983	Sub A	43 663	
1984	Sub B	27 672	61.1
1985	Std 1	24 165	55.3
1986	Std 2	23 479	53.8
1987	Std 3	19 274	44.1
1988	Std 4	18 321	41.1

Source: Callevaert and Kallos, 1989:26

Overall, within four years, more than half of those who started school in 1983 had dropped out. Drop-out rates are particularly high for the populous northern regions, although the number of pupils in secondary and tertiary education is proportionally lower in all rural areas when compared to those for urban areas.

As noted in the HHNS, reasons for dropping-out are strongly related to the demands placed on children to contribute to domestic and agricultural tasks in the rural household. For boys particularly, seasonal demands for livestock care and the tradition of males seeking employment outside of rural areas (in mines and farms) combine to reduce both enrolment and continuity of attendance. For girls, the major impediment appears to occur at secondary level, particularly for girls in female-headed households, reflecting the need for child care and other related activities for female children (UNICEF Namibia, 1990). A combination of factors suggest that a significant number of girls may also drop-out of school due to pregnancy; teenage pregnancies are common (see Chapter 7), and as noted above, children may already be "teenagers" in the early years of primary school.

Poverty is also a deterrent, however. Although fees are not normally charged, expenses for uniforms and school levies may increase the difficulties for households with limited income in sending any or all of their children to school. In addition, the fact that food is not normally

provided to day-students may act as a considerable disincentive to attendance, as well the resulting hunger being a barrier to learning. Lack of interest on the part of parents is frequently expressed as another limiting factor; it is not clear how far this is a response to the educational policies and inappropriate forms of tuition provided under previous regimes. It may also be noted, however, that **parental involvement in school activities is generally extremely limited**, as are linkages between the schools and their surrounding communities.

In a Ministry of Education/UNICEF survey of 50 schools visited in nine administrative areas in 1990 (Chali et.al., 1990), the primary reasons for pupils dropping-out of the system were given as shown in Table 8.11 below. It is probable that for young children dropping-out between Sub A and Sub B, poverty, hunger and long distances to walk to school are the major deterrants, but more research is required in this area.

Table 8.11 : Reasons for Dropping-out by Frequency

REASONS FOR DROPPING-OUT	No. of areas in which mentioned
Poverty and hunger	7
Lack of interest amongst parents	7
Need to help with domestic and agricultural tasks	6
Impact of the war	6
Pregnancy and early marriage	5
Living with relatives, inadequate care	5
Long walking distances to school	3

Source: Chali et.al., 1990:33-34

The labour demands on young boys may in part explain the **relatively high enrolment of girls** at all levels of primary and secondary education, as shown below for 1989 enrolment figures.

Table 8.12 : Girls' Enrolment as a Percentage of Total, 1989

Primary School		Secondary School	
Standard	% of total	Standard	% of total
Sub A	50.0	Std 6	57.3
Sub B	49.2	Std 7	57.0
Std 1	50.4	Std 8	57.5
Std 2	52.2	Std 9	48.2
Std 3	54.3	Std 10	50.9
Std 4	56.4		
Std 5	56.8		
All Stds	52.7		

Source: Department of Economic Affairs, 1989

Whilst these figures indicate a relative failure of males in attending schools, they should not be mistaken for a positive bias towards females. Compared to the overall deficiencies in enrolment coverage, absolute differences between males and females in attendences are extremely small (the 50.9% of girls in Std 10 was accounted for by only 1 641 females out of a total enrolment of 3 249 pupils at this level). In addition, a recent review of gender and the curriculum (Ilukena, 1991) highlighted the extent to which differentiated learning pervaded the curriculum, and its built-in assumption that practical subjects for girls should relate to their future roles as mothers and home-makers, whilst boys would be more likely to need preparation for entry into the world of formal employment. It is notable, however, that women accounted for some 68% of teachers in the schools visited during the Ministry of Education/UNICEF survey.

In line with the low level of resources distributed to formal education, the coverage of pre-schools has been exceptionally limited. No data are available on the exact number, although it is known that most have been provided up to now by church organisations or individuals. As is the case with post-primary education, facilities provided by the state are extremely limited: enrolment in 1989 in the 25 state pre-primary schools amounted to some 5 000 children, equivalent to 1.4% of all enroled pupils. On the other hand, two surveys conducted for UNICEF Namibia in 1990 expressed major reservations about the quality of care and learning activities available at most of the existing non-governmental centres, with poorly trained teachers and limited parent or community involvement being the norm. With fees typically being set at around R15-20 per month, the cost of such facilities tends to be beyond the reach of most low-income families (Fortna, 1990; Repp, 1990). As discussed in section 10.2, however, they represent important child care resources for urban women, particularly for female heads of households who are more likely to have to engage in formal or informal sector employment, yet less likely to have other members in the household who can act as care-givers.

The high levels of drop-out rates and constraints to access to basic formal education suggest a correspondingly high illiteracy rate. The current estimates vary between 65% and 70% of adults effectively non-literate, with the majority of these thought to be female. Data from

the HHNS (UNICEF Namibia, 1990:21) indicate that not only were educational levels amongst rural women lower compared to those in urban or peri-urban areas, but that additionally, female heads of households in the rural areas were significantly more likely never to have attended school than males heads of households.

Meanwhile, in a 1990 Ministry of Education/UNICEF evaluation of literacy and non-formal education, learners in literacy classes visited were found to be generally young (65% being under the age of 35) and predominately female, with only 1 in 5 participants being male (Macharia et.al., 1990). Literacy training has been provided by the government and by many non-government organisations (NGOs) in the past, but only limited resources have been available and consequently provision has been inadequate. Total enrolment in literacy classes was estimated at approximately 6 000 in 1988 (UNDP, 1989b), with a course drop-out rate of 40%.

With high levels of illiteracy, and the number of drop-outs and children with limited access to basic formal education, the demand for non-formal education is potentially very high. Initiatives to date have been scattered and limited, tending to have a "top-down" approach and little relevance for the basic skills training and educational needs of the participants. The lack hitherto of a co-ordinating body for non-formal education and literacy activities has been identified as a particular problem.

The Government of Namibia has made a firm commitment to meeting the basic learning needs of all Namibians, following on from participation at the World Conference on Education for All held at Jomtien, March 1990. The challenge in this area, as in all areas of the educational sector are considerable, but the Government has moved quickly to start the process of reform and rationalisation (see Chapter 12).

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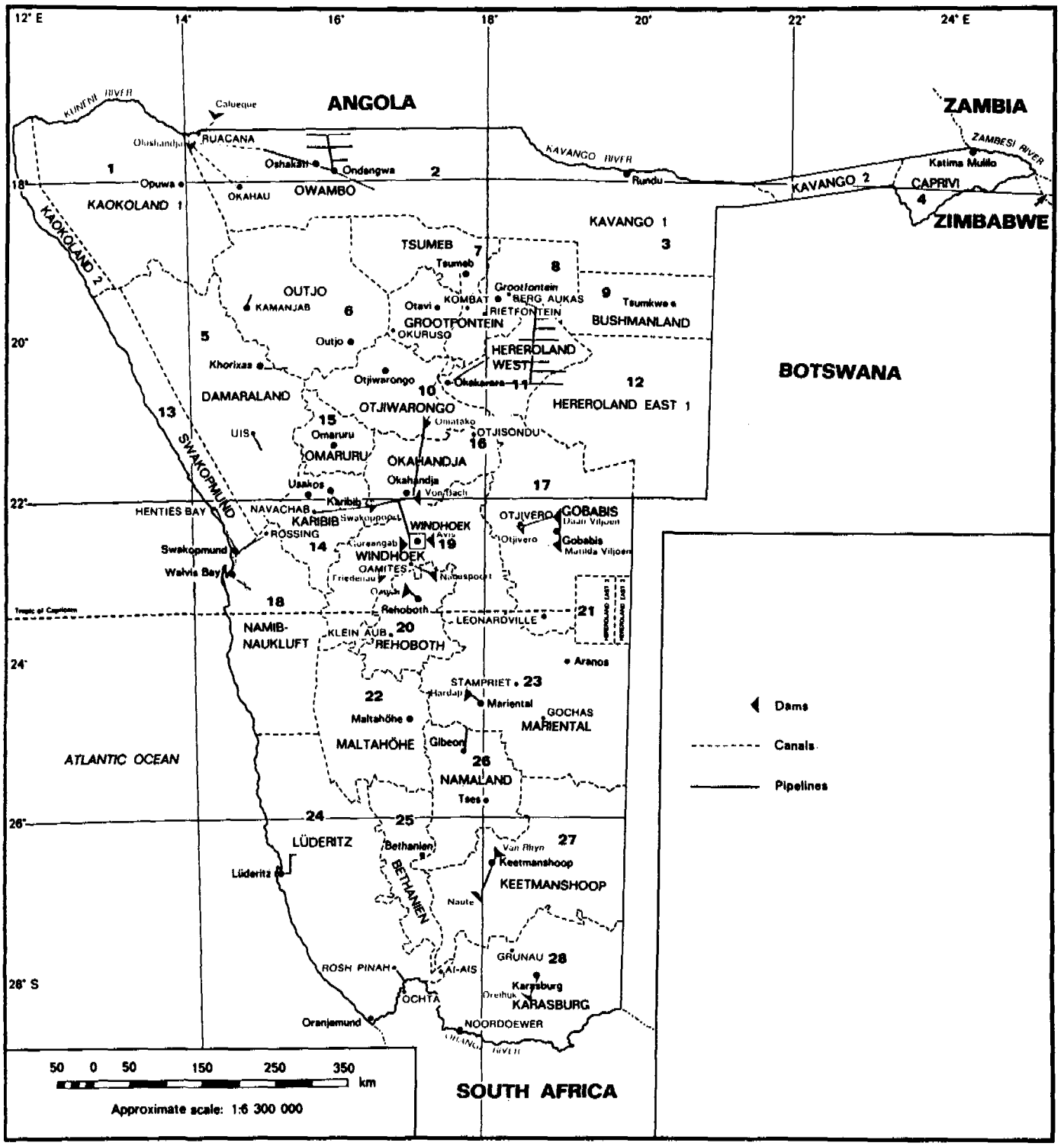
Map 8.2 : Water Supply



Source: van der Merwe, 1983

CHAPTER 9 : ORGANISATIONAL AND INSTITUTIONAL DETERMINANTS

9.1 Introduction

Discussion in the previous three chapters illustrated the fact that **the underlying determinants of poverty and malnourishment among children and women are, in large measure, the outcome of an unequal distribution of resources in society**. The way in which resources are distributed, and the access that different sectors of the population have to basic services, are themselves an outcome of a number of institutional factors which shape the way in which society is organised. Of special concern is the manner in which the human, economic and organisational resources of a society are marshalled and utilised, since, in the final instance, they may mitigate or aggravate the effects of more profound structural problems (basic causes) facing a country, including a harsh climate, poor resource endowments, an underdeveloped economy etc.

9.2 Human Resources

9.2.1 Overall Distribution

An accurate assessment of available human resources in Namibia remains a problematic exercise, since a comprehensive survey of the labour force has yet to be carried out. It is not possible, as a consequence, to estimate with any certainty, trends in certain key sectors (commercial and subsistence agriculture for example), nor to fully evaluate available skills, the extent of underemployment and the level and distribution of unemployment in the economy.

As with most other sectors of the social economy, access to training and work opportunities during the colonial era was heavily biased in favour of the "white" population. As a consequence of unequal state expenditure on education, most Namibians were afforded only limited access to qualitatively inferior basic training. This process restricted access to higher education and skills training, and effectively blocked upward mobility. At the same time, the privileged market position of "whites" was reinforced, initially, by the formal classification of jobs according to race - the so-called "colour bar" - which restricted access to certain forms of employment. Although this policy was formally dropped during the 1970s, informal discrimination by certain employers still persists. Differential access to training and discriminatory practices have limited the number of trained personnel overall and led to shortages of skills.

Detailed information on existing skills levels is unavailable, although it is certain that serious shortages exist amongst most of the professional and highly skilled categories of employment. The Manpower Survey (Department of Economic Affairs, 1988) reveals that there was an estimated countrywide shortage in 1988 of 365 architects, engineers and related workers, 429 medical personnel, 468 teachers, 1 060 administrative and clerical workers, 133 electricians and 103 plumbers, to mention but a few.

9.2.2 Migrant Labour

A further feature of the labour market in Namibia is the widespread system of migrant

labour. Established initially to supply cheap labour to the country's mines, it was rigidly enforced by a range of "influx control" laws, which ensured that workers' families remained in the rural "reserves". Although such laws were scrapped more than a decade ago, the structure of the Namibian economy serves to reinforce the pattern of migrant labour. This is largely because the benefits from growth of the modern sector have not extended widely to the "black" wage-employment and "traditional" sectors. Investible resources have not gone into raising the productive capacity of these sectors and other regions of the country. The low levels of investment and applied research application in these sectors ensures that the capacity for formal job creation in the rural areas (where the majority of the population reside) is extremely limited. In Ovambo, for example, which has a population in excess of 500 000 people, there are at present no more than 11 000 formal jobs. For those unable to make a satisfactory living on the land the pressure to leave their families in search of work in the urban centres is strong.

As a consequence of extensive migration (both seasonal and permanent) from many rural areas, the structure of households have been seriously distorted. Rural households, typically, have a predominance of old people, women and children, a pattern which is reinforced by the system of extended households. Dependency ratios[1], as a consequence, are high and are likely to exceed 60% in many areas (in the HHNS (UNICEF Namibia, 1990), 50% of all household members in the rural areas in northern Namibia were under the age of 15 and 9.3% were aged 55 and over).

Long term migration of men to the urban areas has led to a progressive erosion of the productive capacity of the rural labour force and a growing trend towards female headed households. The HHNS found that in the rural areas of Onyaanya, Engela and Tsandi the percentage of female headed households ranged from 40% to 49%. Underlying this trend, the ratio of adult males to females was 1:1 in the peri-urban areas and 1:2 in the rural areas. This pattern implies additional burdens on rural women who must not only raise families, but must also assume responsibility for virtually all farming activities.

9.2.3 Repatriated Exiles

During the course of the implementation of UN Security Council Resolution 435, more than 45 000 exiles were repatriated to Namibia; the process has been of mixed success. On one hand the exercise has been hailed as one of the most orderly and best managed operations to have been undertaken by the United Nations High Commission for Refugees. On the other hand many of the adult so-named "returnees" (perhaps the majority) have experienced difficulty in finding employment and in effectively reintegrating themselves into Namibian society.

Expectations of the contribution that the "returnees" would make to post-Independence Namibia were high, and on one level these have been confirmed. The majority of the leadership in the new government is, for example, drawn from the ranks of those repatriated, and many now occupy key positions in the civil service. At another level, however, the

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[1] "Economically inactive" household members as a percentage of the total household.

process of reintegration has been than less successful in that the majority of those repatriated have battled to re-enter the labour market. The HHNS in northern Namibia (which absorbed roughly 38 000 or 85% of repatriated exiles), for example, found that less than 10% of potentially economically active "returnees" had managed to find wage employment in June 1990 - for many, a year after their repatriation.

Despite the fact that a significant number of "returnees" had received some form of training while in exile, this was of variable quality. In addition, few exiles had the opportunity to apply their skills on a sustained basis following the completion of their training, and a decay in knowledge and levels of skill was an inevitable outcome. As a consequence, there has been an antipathy among many employers towards recruiting "returnees", although it is also certain that political (and racial) discrimination has played a significant part in their rejection. To date, with a few exceptions, there have been no serious efforts to upgrade the skills of "returnees" or to match them to existing work opportunities. The skills potential of the majority of this group, as a consequence, appears at present to be untapped.

9.3 Economic Resources

9.3.1 Characteristics of Formal Sector Employment

Two factors strongly influence the character of the work force in Namibia: these are the small size of the population (in relation to the size of the country) and the extreme dualism of the national economy. In 1990 there were an estimated 550 000 Namibians who could be considered potentially economically active (International Labour Organisation, 1990). Of these about 185 000 (excluding army and police) are employed in formal sector employment (Department of Economic Affairs, 1988), while the remainder, about 350 000 people, are engaged mainly in subsistence agriculture and informal sector activity on the peri-urban and urban fringes, or are unemployed. In 1990, the International Labour Organisation (ILO), broadly compatible with the above, estimated 43% of the labour force to be in paid employment (public sector, private sector and domestic work) while the rest are engaged in subsistence agriculture, informal sector activity or are openly unemployed.

From this data, it is clear that Namibia faces a serious problem of employment generation. Based on current estimates, the potentially economically active population is growing at a rate of 3% per annum. This implies that there are roughly 15 000 new entrants to the labour market every year. In addition to this, the ILO estimates open unemployment between 25% and 30% of the labour force in the wage employment market, equivalent to approximately 40 000-60 000 people. Levels of open unemployment have been exacerbated by the recent demobilisation of soldiers from both sides of the political divide, and the repatriation of exiles, many of whom have struggled to enter the wage market. **The task thus remains to reduce the backlog of those currently unemployed, while creating opportunities for the significant numbers of new work seekers entering the market annually.**

Table 9.1 : Employment by Sector, 1988

SECTOR	Numbers employed	%
Agriculture & Fishing	36 071	19.5
- Agriculture	34 398	18.6
- Fishing	1 673	0.9
Mining & Quarrying	10 062	5.4
- Metals	7 703	4.2
- Diamonds	1 598	0.9
- Other	761	0.4
Manufacturing	9 442	5.1
Electricity & Water	1 273	0.7
Construction	12 657	6.9
Trade, Catering & Accommodation	29 394	15.9
Transport & Communication	7 880	4.3
Finance, Insurance, Real Estate & Business Services	4 325	2.3
Community & Social/Personal Services	35 589	19.3
General Government	38 098	20.6
TOTAL	184 793	100.0

Source: Department of Economic Affairs, 1988

Within the formal wage sector, the prospects for rapid employment generation at present remain limited. This in part stems from high or increasing capital intensity in mining and commercial agriculture, and from the fact that the continued expansion of the public sector, hitherto the largest single employer of wage labour, is fiscally unsustainable at least without significant reduction in real average salary levels. In 1988 total public sector employment accounted for around 30% of wage employment, and appears to have increased its share since.

Amongst the other major employers in 1988, commercial agriculture (including a small contribution from fisheries) accounted for 36 000 workers, mining for 10 000 and trade, hotels and catering for 29 000 (Table 9.1). Prospects for rapid growth in all three of these sectors at present seem limited. Commercial agriculture has been stagnating in recent years (with a noticeable fall in investment), while recent pronouncements suggest that the mining sector is undergoing a consolidatory rather than expansionary phase. The progressive shift to capital intensive methods in both the agricultural and mining sectors, in any event, do not suggest major increases in the number of workers even in times of growth. The hotel and

catering industry, which encompasses tourism, holds potential for future expansion and employment generation but is at present entering a recessionary phase, influenced by the state of the world economy and other factors purportedly including tourist uncertainty of the security conditions in Namibia.

The limited potential for rapid employment generation in the government service, commercial agriculture, mining and possibly tourist sectors (which currently employ more than 50% of those in wage employment), implies that employment growth in other sectors will have to be exceptionally high (around 4.6% per annum) in order merely to keep pace with labour force growth in the short run. This, according to World Bank and ILO projections, is unlikely to happen. Growth rates of 3.0% and 3.5% per annum respectively are projected for the manufacturing and service sectors, and only the construction industry (which employs less than 7% of the work force) is expected to maintain a growth rate of 7% per annum over this period (ILO, 1990).

The status of the manufacturing industry in Namibia gives particular cause for concern. The sector accounts for less than 5% of total wage employment, and with a projected growth rate of 3% per annum over the period 1990-1994, its potential as a major employer appears limited. This state of affairs stems in part from Namibia's membership of the Southern African Customs Union (which has historically tended to discourage local manufacture) and from the limited domestic market open to producers. Whilst the domestic market is small due to the size of the population, overall effective demand has also been depressed by income inequality and the poverty of the majority (with a higher marginal propensity to consume, particularly for "basic" goods).

At the same time, the ILO maintain that the prospects for export-led manufacturing are limited by the low skills level of the work force and the relatively high level of real wages in comparison to other economies (Asian in particular) at similar levels of per capita income. They conclude that under current economic structures and resource endowments, the prospects for rapid growth in formal wage employment are limited (ILO, 1990).

A further significant characteristic of the labour market in Namibia, is the **marked gender bias in most spheres of employment** (Table 9.2). This is the outcome of a number of factors, including differential access to post school training and traditional attitudes (in all sectors of the society) towards women's role in society.

Table 9.2 : Percentage of Employees in Different Occupational Categories by Gender

OCCUPATIONAL CATEGORY	Total	Male	Female
Professional, technical & related workers	12.42% (22 955)	46.74% (10 729)	53.26% (12 226)
Administrators & managers	1.14% (2 102)	89.25% (1 876)	10.75% (226)
Administrative, clerical & related workers	9.00% (16 623)	38.59% (6 414)	61.41% (10 209)
Sales workers	5.44% (10 049)	57.15% (5 743)	42.85% (4 306)
Service workers	20.12% (37 186)	24.84% (9 237)	75.16% (27 949)
Farm & forestry workers, fishermen and hunters	20.77% (38 388)	95.09% (36 503)	4.91% (1 885)
Production & construction workers	10.07% (18 604)	95.48% (17 764)	4.52% (840)
Stationary engine, material handling & transport equipment operators	4.61% (8 531)	91.35% (7 793)	8.65% (738)
General - labourers	16.43% (30 355)	93.06% (28 249)	6.94% (2 107)
TOTAL	100.00% (184 793)	67.27% (124 307)	32.73% (60 486)

Source: Department of Economic Affairs, 1988

Further imbalances in the labour market exist in the regional distribution of employment. In Table 9.3, the historical neglect of regions is clearly evident. Windhoek, with less than 10% of the total population, in 1988 provided 41% of formal sector jobs.

Table 9.3 : Employment by Geographical Division, 1988

DISTRICT/REGION	Number	%
Bethanien	1 079	0.58
Bushmanland	100	0.05
Caprivi	2 444	1.32
Damaraland	2 800	1.52
Gobabis	6 994	3.78
Grootfontein	9 689	5.24
Hereroland East	1 307	0.71
Hereroland West	1 428	0.77
Kaokoland	1 089	0.59
Karasburg	3 599	1.59
Karibib	2 505	1.36
Kavango	3 342	1.81
Keetmanshoop	7 926	4.29
Luderitz	5 919	3.20
Maltohohe	1 299	0.70
Mariental	6 134	3.32
Namaland	499	0.27
Okahandja	4 730	2.56
Omaruru	2 114	1.14
Otjiwarongo	6 627	3.59
Outjo	4 510	2.44
Ovambo	10 854	5.87
Rehoboth	3 629	1.96
Swakopmund	9 038	4.89
Tsumeb	8 387	4.54
Windhoek	76 751	41.53
TOTAL	184 793	100.00

Source: Department of Economic Affairs, 1988

Note: District/region terminology as used within the Manpower Survey

Meanwhile, trends within with "traditional" sector are also disquieting. Much of the small scale agricultural sector appears to be in secular decline and pressure to move off the land to be increasing. In Ovambo, the average crop yield for a household with 2 ha of land during a year of normal rain is between 500 and 800 kg of millet; at a retail price of R1.00 per kg, this amounts to an annual return of R500 to R800 (assuming a guaranteed market for millet existed). Labour input requirements are estimated to be around 80 to 100 adult working days (AWD) per hectare or 160 to 200 AWD per 2 ha field, so that income, derived on a largely seasonal basis, is equivalent to R3.12 to R4.00 per adult working day. The returns to labour under the dominant system of millet production are thus extremely unattractive to anyone in the rural areas who is economically mobile. This is especially so when prospective returns to off-farm unskilled labour are of the order of at least R10-R15 per day (Food Studies Group, 1989).

The high urban-rural income differentials can be seen as a major pull factor in drawing people to the urban areas, and to Windhoek in particular. This is clearly illustrated in the findings of the HHNS as shown in Table 9.4 below.

Table 9.4 : Reported Per Capita Income Among Survey Households in 1990 (Rand)

AREA	Total
Katutura	R1 454
Peri-urban North	R 759
Rural North	R 255

Source : UNICEF Namibia, 1990

From this table it is evident that per capita income in Katutura is nearly six times higher than that in the surveyed areas of the rural north. With incentives of this order, and the general attractions of city life, albeit higher living costs, growth in the urban labour force is likely to accelerate in the coming years. This will be especially so unless ways are found to substantially increase rural incomes through diversification (especially off-season) and/or through raising returns on existing economic activities (particularly small scale farming).

9.3.2 Informal Sector Employment

In view of the shortage of formal wage opportunities, it is likely that a sizeable proportion of the urban work force will in future be compelled to seek employment in the informal sector. At present the informal sector in Namibia is characterised by a weak and narrow production base. This is in part the outcome of the underdevelopment of the manufacturing sector itself (which has restricted opportunities for artisanal informal activities on the fringes of the formal sector), of restrictive regulations pertaining to informal production, of widespread poverty (lack of purchasing power), and of the low level of "critical mass" urbanisation in Namibia (estimated to be no more than 20% in centres of 5 000 and more). Informal sector activity is, as a consequence, confined to retailing and distribution of consumer goods produced in the formal sector, a few raw material processing activities (beer

brewing, craft making), and a small number of service activities (repair workshops, hairdressers etc.).

In the absence of a strong productive base, the informal sector is supported largely by the recycling of wages earned in the formal sector. Figures on the number of people employed in this sector are unavailable, but data from the peri-urban areas of Oshakati and Ondangwa reveal that between 30% and 40% of households are reliant on informal activities to a greater or lesser extent (NISER, 1991).

9.3.3 Social Security Mechanisms

The effects of unemployment, in the rural areas in particular, are mitigated in part by the extended family system, which acts as a network for both social and economic support. Individuals in urban employment remit wages to their families, while children of disadvantaged family members are frequently reared by less impoverished relatives. Largely as a consequence of this, it is evident that the primary determinants of income are not to be found in the rural areas themselves, but depend on the extent of inputs from people elsewhere. Variations in the affluence of rural households lie more in the success with which family members secure employment in the urban areas and the extent to which they maintain links with home, than with differences in agricultural performance between rural households.

A further mitigating factor of variable import for the poor, is the payment of old age pensions. According to law, all Namibians over the age of 60 years of age are entitled to state pensions (prior to October 1990, men were only entitled to a pension at the age of 65 and women at age 60). However, as with the allocation of other social services under the colonial regime, the levels of pensions were determined by racial/ethnic criteria - the pensions received by "whites", for example, were seven times higher than those received by Ovambo speakers. The criteria on which pensions were allocated, furthermore, seemed largely arbitrary as the following figures attest: in Ovambo, Kavango and Caprivi old people received R55 per month, in the Herero and Nama regions R65 per month, in the Damara region R75 per month, in the Tswana region R100 per month, in Rehoboth R150 per month, while "coloureds" and "whites" received R192 and R382 per month respectively. The new government is attempting to redress these imbalances by pegging the highest pensions at existing rates, and progressively increasing those below. Since October 1990 the lowest pension paid is R92 per month; this is also the amount paid to all new recipients of pensions.

In 1990 more than 56 000 senior citizens were receiving old pensions throughout Namibia. This figure represents slightly more than half of those estimated to be over the age of 60 years. The extent of coverage varies widely from region to region. More than 80% of old people in the Ovambo and Herero regions appear to be receiving pensions, with similar figures in southern Namibia[2]. In Caprivi, in contrast, less than half of those eligible appear to be receiving pensions, while in Kavango slightly more than a third are receiving pensions. This highly variable coverage is likely to be an outcome of differential levels of administrative efficiency among the previous "second tier" authorities (which were responsible for registering old age pensioners and for disbursing pensions), and the fact that many

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[2] Based on figures supplied by the MoHSS in February 1991

individuals who lack birth certificates experience difficulty in convincing authorities of their eligibility.

Despite the incomplete coverage of the pension system and the marked racial/ethnic differentials in amounts paid, **the receipt of pensions is an important safety net for survival and food security for many households in Namibia**. Indeed, for many families, particularly in the south, pension funds constitute the sole source of cash income. It is not uncommon, for example, for an extended family of four or five individuals to exist on the pension of a grandmother or grandfather. This practice may also have enhanced the importance of old people so that they are less likely to be neglected or abandoned.

Maintenance grants for mothers unable to support themselves or their children are available on a limited scale, although again the primary determinants are racial/ethnic ones rather than absolute poverty. No grants are available in the northern regions of Ovambo, Kaoko, Kavango and Caprivi. In other regions disadvantaged mothers receive between R40 and R67 per month, depending on the number of their children. Amongst disadvantaged "white" mothers a means test is applied to determine eligibility. Those women earning less than R300 per month receive state support of between R416 and R844 per month (with four children or more). The total budgeted expenditure for 1990/91 financial year by the Department of Social Services on pensions and welfare grants together was some R102.7 million - a not inconsiderable transfer mainly to the poor, despite the persistent payment differentials and inadequacies of coverage.

During the course of the past decade, a succession of droughts and accompanying crop failures have driven many rural households to the brink of destitution and even starvation. In an effort to alleviate this hardship and to avoid an outbreak of famine, the colonial authorities initiated a number ad hoc of drought relief programmes in the hardest hit areas. During the transitional phase from colonial rule to Independence, repatriated exiles received food support from the United Nations High Commission for Refugees. Following independence, the Government-launched vulnerable group food distribution and "food-for-work" programmes, supported by the World Food Programme, extended to the most drought affected rural communities. By early 1991 these programmes reached some 110 000 beneficiaries. In view of the parlous state of food security in many rural areas, it is likely that programmes of this nature will continue to be necessary in years of poor rainfall and poor harvest.

9.4 Organisational Resources

9.4.1 The Role of the Public Sector

While the organisation and mobilisation of human and economic resources in Namibia will, in future, be undertaken by a wide variety of agencies (including NGOs, churches, political parties and international development agencies), the public sector will, inevitably, have to assume a major role. However, it is certain, in the short run at least, that the public sector will experience various difficulties in mobilising the human and economic resources of the country. Many of these difficulties relate to the problems of transition from colonial rule to a new administrative order.

In order to meet the new demands and priorities of an Independent Namibia, new ministries and departments have been established and new staff appointed. Many of those appointed to key positions have yet to acquire experience in the field, and are, of necessity, cautious in their approach to new initiatives. The terms of reference and *modus operandi* of many of the new administrative structures have yet to be clearly defined in practice. Channels for inter-ministerial and inter-departmental co-operation, a prerequisite for integrated development strategies, for example, have still to be formally established. The decentralisation of administration to the regions (following the abolition of the "two tier" structures) will also, inevitably, take time to become fully operational. All of these adjustments must take place within the context of rising public expectations of access to services, employment etc.

9.4.2 Non-Governmental Organisations

In view of the many constraints confronting the public sector administration, an important role exists for non-governmental organisations (NGOs) in the development process. Up until the last decade, NGO activity in Namibia was largely confined to church based activity. The churches, historically, both individually and collectively (through the Council of Churches in Namibia) were heavily involved in health and education, in an attempt to provide services which colonial governments were incapable of or unwilling to provide. During the course of the 1980s there was an upsurge in the number of community based NGOs. Many of these served to mobilise the population against colonial domination and provide civil rights information, but they also provided valuable services to the community in a number of spheres, including adult literacy programmes, improved access to housing and income earning opportunities, child day care and various legal aid services. In general though, NGO activity in Namibia is underdeveloped, and those organisations currently in existence are small, limited in coverage or are operating near full capacity.

In August 1989 the United Nations Development Programme (UNDP) identified 21 indigenous Namibian NGOs which could be considered of national stature and 21 others of more limited size or scope (UNDP, 1989). These were almost entirely situated in the centre and south of the country. Apart from church based activity there is little NGO activity in the northern regions. The rural population of the north (who constitute the majority), as a consequence, remain largely unorganised (the potential of the existing traditional authority structures for mobilising the population for development is likely to be variable).

There are at present few structured women's organisations in Namibia, although there is active participation of women in many NGOs and community based development projects. Evidence from the UNDP survey revealed that women were generally under-represented in leadership positions in NGOs and community projects. They concluded that the promotion of women's specific interests should be advanced both through the development of specific women's organisations and through the increased presence of women at levels of responsibility in other NGOs.

Evidence from a number of areas suggests that women are already organising around issues such as basic health care and income generating activities at the community level. The challenge will lie in linking these community based initiatives with non-partisan, national organisations, which will give women an appropriate forum within which to develop and implement their own priorities in respect of strategies and programmes for advocacy, self-help

and information. The opening up of opportunities through the NGOs for women to identify and make recommendations on the contradictions between existing customary laws and the provisions of the Constitution will be particularly important.

Due to the limited numbers of community-based structures catering for the needs of children and women, their problems are generally not articulated at the community level. Gender sensitivity, in particular, is low in virtually all communities within Namibia, and there is at present no organic movement towards raising consciousness of the fundamental rights of women, nor of highlighting their especially disadvantaged position. Whilst amelioration of this state of affairs is likely to take time, and will, amongst other strategies, need to be incorporated into the educational system, there is much that could be undertaken in the media to publicise issues of gender discrimination.

9.4.3 Trade Unions

Due in part to the fact that a relatively small proportion of the economically active population are in formal employment, and in part as an outcome of state repression during the colonial era, the organised labour movement in Namibia is relatively underdeveloped. Although statistics are unavailable, it is likely that less than 50% of those in formal employment are currently affiliated to trade unions. Consequently, the rights of many workers, particularly those in the commercial agricultural and domestic service sectors, are unrepresented and their wages are often appalling low.

The National Union of Namibian Workers (NUNW), with six affiliates and approximately 60 000 members, is the largest body of organised labour, and is the country's only fully fledged labour federation. The NUNW, which was established in 1970, has over the years battled hard for non-discriminatory wage and salary scales and for the protection of workers' economic and organisational rights. There are in addition, a number of unaffiliated and/or unregistered trade unions of variable level of activity. In contrast to the colonial era, when trade unions were generally discouraged and their members frequently harassed, the new Constitution actively encourages "the formation of independent trade unions to protect workers' rights and interests, and to promote sound labour relations and fair employment practices" (see Article 95c of the Constitution, reproduced in Annex 2).

In view of the historical difficulties in securing basic workers rights, trade unions have thus far limited their activities largely to the terrain of industrial relations, although there is evidence that tentative steps are currently being taken to expand into other areas of community support. Recent trade union involvement in the AIDS education campaign (including representation on the AIDS Co-ordinating Committee) is indicative of this trend.

9.4.4 Community-Level Organisations

Within the major urban areas in Namibia, and within Windhoek in particular, community-based organisations are well established and provide a range of support services to the community. Many of these are, however, under-financed and operate with limited management capacity. The potential for the expansion of community-level organisations in this sector, nevertheless, remains considerable, and with support could significantly complement government programmes.

Despite population numbers, there are considerably fewer community based organisations in the rural areas. In the northern regions, this is in part due to influence of the occupying South African forces, who actively discouraged the establishment of community organisations in the belief that they could be mobilised towards resistance. The influence of traditional authority structures are also likely to have mitigated against the establishment of organisations which could conceivably challenge their hegemony. Traditional leadership structures, which are based largely on heredity, tend to be non-participatory and generally do not promote collective development oriented action.

Rural churches have traditionally played an important role in mobilising rural communities, but the extent of their activities vary from location to location and do not always reflect a democratic base. As a consequence, there is little past organisational or management experience at local level, and there are few if any Village Development Committees (or similar structures), few or no Parent/Teacher Associations or Village Health Committees.

In transition and early post-Independence periods, pilot schemes (for example, the UNICEF supported integrated project at Uukwaluudhi and the World Food Programme supported school feeding schemes and drought relief committees) have revealed extensive enthusiasm and willingness to become involved in community activities. This is especially the case where communities are organised around a "priority mobilising issue" (water in the case of Uukwaluudhi, food in the others). A number of natural constraints, (including the distance/scatter of homesteads and settlements) and management inexperience, nonetheless, will need to be overcome before this human resource can be fully tapped.

9.4.5 The Potential for Social Mobilisation

The success with which the State is able to respond to rising demands and at the same time mobilise support for development programmes will hinge, in part, on its ability to communicate its new ideas and priorities to the public at large through a process of social mobilisation. This process is likely to be hindered by factors including illiteracy and the limited coverage of the mass media. Detailed national data on the ownership of (or access to) televisions and radio is unavailable, however evidence from the HHNS in Ovambo suggests comparatively high radio listenership in both the urban and rural areas (56% of households in the rural areas and 68% in the peri-urban areas owned radios). This suggests that mass publicity campaigns should have some success if conducted over the radio, and the high response, in most areas, to the mid-1990 Immunisation Campaign confirms this.

The mobilisation of communities for the promotion of education, primary health care, environmental awareness etc., can be effected through numerous channels. Both primary and secondary schools represent a important channel for reaching both children and their parents, although there is little evidence to suggest that this was used to any extent (or effect) in the pre-Independence era. Sensitising children at an early age to key issues, such as the importance of preserving the environment, is likely to have a lasting impact on their consciousness in later years. Programmes such as the "Child-to-Child" programmes may also be effective, and promote the role of school children and teachers as actors in local development.

Although community-based organisation is at a relatively low level at present, it remains an important channel for future development. The churches, particularly in the north, have represented an important focal point for the mobilisation of communities, and it is likely that their role can be expanded, although there might be limitations to the programmes they are likely to prepared to become involved in (for example, family planning programmes).

The multi-party system and the antipathy which exists between different political groupings is likely to limit the potential mobilising capacity of political parties, on a national level. However, in regions where dominant parties sympathetic to national development aims and programmes exist, or multi-party co-operation can be achieved, their capacity will be considerable.

Advocacy is another important tool for social mobilisation, and whilst it may be used effectively for awareness raising around specific issues at the policy-making level, it may also be utilised, through the dissemination of appropriate messages, via a range of media, at all levels of society. At the local level, advocacy techniques may, for example, be used first to conscientise the traditional leadership and structures, which may then be used by they themselves to pass on information to their constituencies, providing an effective channel for mobilising people through 'bottom-up" development.

In view of the limited development of programmes geared towards community mobilisation hitherto, it is evident that considerable research is still necessary in order to determine the most effect channels and mechanisms to be used, and to which target groups in society they should be addressed, for example, through conducting Knowledge, Attitudes and Practices (KAP) Surveys. Research programmes (such as that currently envisaged by the UN Population Fund) will need to consider how Namibian people respond to critical messages of social mobilisation, and how traditional messages flow among different groups. Given the extensive impact of the erosion of family and community structures (see Chapter 11), it is clear that in respect of social mobilisation, basic information for family life and related skills are required as a priority, to enable communities and households to build on and extend existing coping strategies beyond their current functions as means for survival, towards human resource development orientated strategies.

It will also be necessary to develop indicators to measure the impact of different mass communication programmes, implying the need to develop effective monitoring and evaluation techniques. Finally, it will also be necessary to identify which mechanisms are the most successful in reaching different segments of the society (in different age groups, different regions, for example). These might include the use of rallying points (personalities, sentiments, symbols and so forth) around which people can mobilise, role modelling (for example, famous sports persons speaking out against the dangers of tobacco), and pamphleteering.

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CHAPTER 10 : FUNDAMENTAL DETERMINANTS

10.1 Introduction

While preceding chapters have discussed the immediate and underlying causes of malnutrition and child mortality, a number of basic determinants, including the resource endowments of a country and the prevailing political system, set the parameters within which the development of society proceeds. These include the **material and technical conditions of production**, the **social conditions of production** and **political and ideological determinants**.

10.2 The Material and Technical Conditions of Production

10.2.1 The Resource Base

Despite its size, Namibia is not a richly endowed land. As illustrated in the introduction, a significant proportion of the countryside is classified as desert or semi-desert, and ecological conditions in general are harsh. With the exception of certain regions, neither the climate nor the soils are favourable for arable agriculture on any scale. This alone sets limits on the production frontiers of the country. In particular, the marginal agricultural potential of the land constrains efforts to address the question of unequal access to land. Despite land shortages in the "communal areas" and popular pressure for land redistribution, the extensive and expensive nature of farming in many "commercial" farming areas (26 ha required per livestock unit in certain areas, and requirements for investment in water infrastructure and fence maintenance) renders them unsuitable, at least in their present form, for small scale farming activities.

It is a seeming paradox that while vast areas of the country are uninhabited, the resources of settled zones are frequently over-exploited. Historical political factors have, to a large extent, shaped the pattern of habitation, and in the process have contributed to a general degradation of natural resources. It is generally acknowledged that interaction between poverty and the environment leads to a downward spiral of degradation, since those who are poor and hungry will often have to use the resources of their immediate environment beyond long-run sustainable levels in order to survive. They will (as in Kavango and Caprivi) cut down the forests, and (as in Ovambo) their livestock will overgraze grasslands, whilst they lack the material, technical and organisational resources to invest in environmental renewal. The tapping of presently under-utilised but renewable resources - such as the sun for solar energy - requires further investigation.

Water, which is vital to all areas of social and economic life, is probably the country's scarcest resource. At present reserves are both limited and unevenly distributed. While supplies to most urban areas and to large scale industrial enterprises (the mining centres in particular) have been ensured in the medium term, water supplies in the "communal" areas remain far from satisfactory. At present, groundwater accounts for approximately 55% and surface water (mainly from dams) for approximately 45% of the water provision for the water supply. Existing water supplies (surface and ground) are estimated to be in the region of 500 million m^3. According to estimates by the Department of Water Affairs in 1989, demand for water in the year 2000 would be roughly 250 million m^3. Although this represents just half

of known reserves at sustainable levels of utilisation, it is necessary to note that consumption increased at more than 12% per annum during the last decade. It is likely, in the medium term, that Namibia will have to consider a range of options, including desalinisation, to ensure adequate water supplies.

The Namibian economy is heavily dominated by the mining sector which supplies two thirds of commodity export earnings. However, economically exploitable resources in some sectors of the mining industry - e.g. at the Tsumeb copper-nickel complex - are rapidly reaching their limit. At the same time, as illustrated in Chapter 9, the employment generating capacity of this sector also appears limited, at least in the short to medium term.

Despite an initial abundance, the fishing resources of Namibia have been heavily overexploited in the past four decades. Uncontrolled exploitation of pelagic fish resources (especially pilchards) by South Africa fleets in the 1950s was followed in the mid-1960s by growing numbers of other foreign fishing fleets, who seriously depleted stocks of hake and mackerel. Although gradual regeneration of fish stocks will be a likely outcome of the newly proclaimed 200 nautical mile exclusion zone, if it can be effectively controlled, the Namibian fishing industry at present is run-down and under-capitalised.

10.2.2 The Economy

Namibia's Gross Domestic Product (GDP) is largely accounted for by four sectors: mining and quarrying (32% in 1989), general Government (18%), wholesale and retail (13%) and agriculture and fishing (11%). Manufacturing, commercial services and utilities contribute less than 7% each. As shown in Table 10.1, only the share of the Government sector increased significantly during the 1980s, whilst that of the mining sector declined and agriculture fluctuated. There was therefore little diversification of a narrow economic base during this period. However, it is important to note that the share of manufacturing would rise significantly if fish processing facilities in Walvis Bay were included in these estimates, and agriculture's share would rise slightly with the inclusion of production for domestic self-provisioning ("subsistence").

While the colonial period left behind a comparatively well developed infrastructure in some areas, **the national economy suffered from stagnant growth during the last decade, with an overall decline in GDP per capita of 23% between 1980 and 1990.** Contributory factors to this decline were droughts, sanctions against South Africa, political uncertainty, and decline in mining sector productivity. Militarisation and high spending on "security" activities served to distort the consumption-investment balance, and by the late 1980s "defence" spending comprised 10-11% of total outlays by the territorial administration (military and police spending together comprised 19%).

Table 10.1 : Sectoral Contributions to GDP at Factor Cost, 1980-89 (%)

SECTOR	1980	1984	1989
Agriculture & fishing	11.5	8.0	10.8
Mining & quarrying	43.6	35.9	31.7
Manufacturing	3.9	4.6	4.3
Electricity & water	1.8	2.3	2.5
Construction	3.5	2.8	2.5
Wholesale & retail trade	11.5	12.3	12.7
Transport & communication	5.3	5.9	6.5
Finance, insurance, real estate & business services	5.3	5.9	6.0
Community, social & personal services	1.3	1.9	2.0
General Government	9.6	17.5	17.9
Other	2.6	3.0	3.1
GDP at factor cost	100.0	100.0	100.0

Source: World Bank, 1990

The imperatives of ethnic segregation saw the proliferation of "second tier authorities", which consumed a further 21% of the national budget. As a consequence of this build-up of administrative and "security" spending, and of the deterrent effects of conflict and sanctions, **economic development and capital investment in particular suffered throughout the decade with gross public and private investment running at only 15% of GDP by 1989.** Government capital spending was particularly weak at only 3.5% of GDP.

At the same time, **the economy of Namibia remains heavily dependent on South Africa.** Largely as a consequence of colonial rule and the comparatively limited resource base of the country, there is little domestic production of consumer goods and the manufacturing sector contributes less than 5% (or R68 million) to the gross domestic product. The South African market, therefore largely determines the price, range and quality of goods sold, and Namibian consumers, for example, are directly exposed to persistent South African inflation in the range of 12-15%. In due course, as Namibia strengthens its economic independence and broadens its domestic production base, this situation is likely to change. In the interim the country is, in most respects, closely linked to the South African economy and any changes in production costs in that country are directly felt by Namibians.

The import of manufactured goods, whilst difficult to quantify accurately due to the lack of retail and trade statistics, is likely to constitute a major proportion of all imports. Of the total imports of R2 355 million in 1988, food and beverages, clothing and footwear, and other

manufactured products comprised R945 million (40%); about 75% of all imports currently come from South Africa (First National Development Corporation, 1989).

Whilst importing a wide range of essential (and luxury) consumer goods, as well as capital goods and services, largely from a single country (the dominant partner of the Southern Africa Customs Union Agreement (SACUA)), **Namibia's exports are extremely narrowly based**. Mining in 1988 contributed some 73% of goods export earnings, and is based largely on three products (diamonds, uranium and copper-nickel), all reliant on world market prices and subject to fluctuations. Agriculture exports, mainly cattle and smallstock and products thereof, account for a further 10-12% of goods export earnings, and are subject to large year-to-year drought-induced fluctuations. The remaining 15% of goods export earnings comprise unprocessed fish (also volatile), manufactures and others. These patterns give rise to the characterisation of Namibia's economy as one which "consumes what it does not produce and produces what it does not consume".

Along with the slow levels of real growth over the past two decades, export vulnerability and lack of capital investment particularly in the 1980s, the economy has been characterised by a mixed performance on the external trade balance. The balance of payments current account moved from a small deficit in the early 1980s to progressively larger surpluses until 1986 and then, associated with reduction of South African Government financial transfers to the territory, a small negative balance by 1988. With capital flows between Namibia and South Africa so far totally free and unrecorded, it is not possible accurately to estimate the country's capital account.

With high levels of "security" and administrative spending, **the Namibian treasury ran a persistent deficit during the 1980s**, which was covered by budgetary support from South Africa and through borrowing by the colonial authorities. Whilst budgetary assistance from South Africa was terminated by Independence, the **Government of Namibia has inherited some R727 million of colonially-incurred debt (about US$280 million)**, the servicing of which has taken up an estimated 11.5% of Government expenditure in the first full financial year after Independence. This first national budget estimated an overall deficit of R210m, which is more than accounted for by these debt servicing obligations (R296m). **Debt servicing will almost certainly continue significantly to constrain resources available for Government spending and capital investment** for the next 3-5 years. Scope for raising additional revenues through taxation appears very limited, except for sale of off-shore fishing rights, and overall revenue performance will be considerably affected by semi-discretionary payments by South Africa under the SACUA, in lieu of customs and excise duties. Such payments in 1990/91 made up about one quarter of the public revenue.

10.3 Social Conditions of Production

The basic survival needs of rural households in Namibia are supported for the most part by the domestic and productive activities of their female members. Women's ability to carry out these tasks is defined not only by the relative availability of resources, but also by the mechanisms of management and control which determine their interaction with the resource base. Thus, it is important firstly to recognise **women's multiple roles in production, and the contribution of essential domestic tasks to the viability of the household as a production unit**. Secondly, it is important to identify the **key factors which constrain or**

enhance women's productive and domestic roles. These factors have a critical influence at the household level, but are also central to the ability of women to interlink household production and participation in the wider economy.

The impact of the migrant labour system has been to intensify the burden of agricultural labour for women as men are less available to undertake their traditional tasks such as ploughing, land clearance and animal husbandry. Just over one-third of the agricultural households in Ovambo surveyed in the HHNS (UNICEF Namibia, 1990) undertook hand ploughing, whilst 12% hired draught animals. Women are required, therefore, to assume physically demanding and time-consuming ploughing activities, or secure income to pay for hire charges. Although an increasing number of boys are attending schools, they are able to relieve women of some herding activities; movement and management of the herds to seasonal grazing areas also increasingly depends on hired labour, however (Tapscott, 1990:14). The presence of Angolan refugees in certain northern areas may mean that labour deficits may be made up for at relatively low cost, but leads inevitably to the exploitation of such workers.

Changes in the sexual division of labour have implications for both the health of women, and for their ability to adequately undertake domestic tasks, particularly in circumstances where routine household activities - collecting water and firewood, food processing and preparation - are already time-consuming and burdensome. Estimates of water collection time have been cited earlier in Chapter 8. Comparable figures for the time taken to collect firewood are not available, but with the extent of land degradation identified in some areas, and limited evidence of the use of alternative fuels, de-afforestation is likely to have considerably extended the distances which women have to travel to collect firewood, and the amounts they have to carry. This is already evident in the semi-desert areas of the Damara, Kaoko and Nama regions. Even in areas such as Caprivi, where firewood is still readily available, increasing demand for arable land is likely to have a rapid adverse impact on supply.

Processing of the staple crops - millet and maize - is done by hand. Previous neglect of the rural areas included the lack of introduction and development of labour- and time-saving technologies for food processing and preparation. Beer brewing is also undertaken by women, but as grain stocks are seldom adequate even for family subsistence between harvests, income from beer sales is limited. Lack of water may make it impossible for women to brew beer, and even to prepare food for the family (Andima, 1990:8). Poor storage facilities lead to additional grain losses due to insect infestation.

Access to services for sustaining, much less developing, agricultural production, has been restricted for women, not just because of their limited availability, but also because women have never been officially recognised as the major agricultural producers, and services have been inappropriate. Women interviewed in southern and northern areas of the country (Andima, 1990) consistently mentioned the lack of credit facilities, agricultural and veterinary extension, marketing and input supplies as the major constraints to both crop and livestock production. Access to productive grazing and arable land is similarly limited, particularly in the southern region.

The extent of women's contribution to household production is clearly extensive, and the

nature of it is changing over time. Traditionally, particularly within the more complex structure of the Ovambo extended family, reciprocal relationship between men and women, and between different generations, ensured some spread of responsibility amongst all members for basic survival tasks. Increasingly, they now fall to women, and to older women, especially, in respect of child care. To a more limited extent than men, younger women also migrate to urban or peri-urban areas in search of employment, and tend to leave their children in the rural home with their grandmothers under these circumstances.

Accommodation in towns and peri-urban areas is limited and of extremely poor standard, and in addition to limited employment protection, poor conditions of work in both the informal and formal sector and a lack of appropriate and affordable childcare facilities, makes the socio-economic situation of women in these areas particularly precarious and presents major obstacles to undertaking basic childcare. Within the urban family, however, women remain responsible for the bulk of domestic tasks, and where they are additionally active in formal or informal sector occupations, carry a double workload. In a survey of households in Windhoek, Katutura and Khomasdal, the tasks most frequently identified as the responsibility of women were cleaning, meal planning and cooking and grocery shopping (Pendleton and Du Bois, 1990:17)

For women in rural, urban and peri-urban areas, however, the necessity of gaining income from participation in the formal or informal sector labour markets has increased as fluctuations in the receipt of migrant's remittances and the progressive decline per capita in agricultural production and its value, have compelled households to try to diversify sources of income. This is particularly the case for female headed households, where options for diversification are constrained. As discussed in Chapter 9, however, opportunities are extremely limited, even in respect of unskilled and semi-skilled jobs to which women's historical lack of access to education most frequently confines them. The regional distribution of formal sector employment - concentrated in Windhoek and other urban areas - also limits women's access.

Table 10.2 : Employment of Women by Household Status

AREA	Wives of male heads of household		Female heads of household	
	Wage earner %	Self-employed %	Wage earner %	Self-employed %
Katutura	46	10	55	3
Peri-urban Ovambo	7	28	23	32
Rural Ovambo	10	1	13	1

Source: UNICEF Namibia, 1990

The figures in Table 10.2 give an indication of women's participation, across different locations, and highlight the relative importance of wage employment for urban women, and self-employment for peri-urban women, as compared to the circumscribed nature of both for

rural women. Agricultural work on the family farm and domestic work account for the productive activities of the vast majority of northern rural women.

Most evidence suggests women-headed households are common throughout Namibia (as in some other Southern African countries with strong historical patterns of labour migration, including Botswana and Lesotho). National Building and Investment Corporation (NBIC) surveys in the 1980s indicate that, in urban areas of southern and central Namibia, between 20% and 57% of "non-white" households are headed by women. Higher levels within this range are found particularly among "squatter" settlements (NBIC survey results quoted in UNDP/UN, 1990). Meanwhile, the 1990 HHNS indicates that 36% of households in Katutura and 40-49% of those in Ovambo, are headed by women.

Given the low levels of formal employment opportunities in Namibia, and the unequal access to them of women, it is likely that families depending on women's incomes as a primary cash source are typically disadvantaged. Limited data from NBIC surveys in 1985-86 in low-cost housing areas of central and southern towns show, with one exception, considerably lower monthly incomes amongst female headed households. In most locations, households headed by women had average incomes less than 50% (ranging from R69 to R412 per month) of those received by male-headed households (UNDP/UN, 1990).

It should be noted that the reduced access to income - and services and resources - amongst female headed households does not result from some inherent or pre-determined failure of women in this position to gain access to and manage such resources. Indeed, the opposite is true: in a large proportion of cases, these women are single parents, and in the absence of the labour reserves at the disposal of more extended family units, are invariably forced by circumstances to become proficient managers of the resources - including time - which are available to them in such limited quantities.

Particularly for women in male headed households, it is important to assess the **extent of control which women exercise over the income derived from their productive activities,** both agricultural and non-agricultural. Whilst an increase in access to resources and the means of production is a pre-condition for the improvement of the situation of women, it is not in itself sufficient to guarantee changes in their economic situation. This is determined to a large extent by the **decision-making role afforded to women**, whether they are acting as heads of households or not, particularly in rural areas, and in respect of agricultural production. Where decision-making is limited, by traditional prescription or within changing socio-cultural roles, take-up by women of improved services such as credit facilities, extension training, input supply and marketing facilities will be similarly limited, and real impact of benefits reduced, as well as women's role in participatory development.

Evidence available at present suggests that whilst there are quite marked differences in the socio-cultural status of women in the different cultural and ethnic groups in Namibia, generally, their decision-making role is limited. This is particularly evident in relation to the customary inheritance laws: widows may be dispossessed of their deceased husbands' estate through the "legal" intervention of their husbands' brothers or other male relatives. As married women, wives may use but rarely own the family's livestock or land, and may not enter into contractual agreements without their husbands' permission. Whilst it will be important both to identify regional and cultural differences and recognise their implications

for women's involvement in future development programmes, on an area by area basis, there is also need to develop channels on a national basis through which information on these issues may be taken up to policy makers.

10.4 Political and Ideological Determinants

10.4.1 The Ideological Base

The end of colonialism and the advent of Independence have witnessed the abolition of institutionalised discrimination and the introduction of democratic rule in Namibia. The new Constitution entrenched the rule of law and enshrined the fundamental human rights and freedoms of its citizens, including specific rights for children and provision for affirmative action for women[1]. Despite these highly necessary changes, the influences of colonial rule and apartheid are likely to be felt into the next century. Past policies have not only shaped the geographical patterns of habitation and wealth (in both urban and rural areas), they have also influenced the way the Namibian population think and act.

Racial prejudices, intrinsic to apartheid ideology, are likely to remain amongst segments of the population, in the short term at least, and although the prospects of reactionary forces mobilising to challenge the new democratic order appear to be diminishing, they can not at this stage be totally discounted. Vigilance against such destabilising forces, as a consequence, is likely to absorb state resources for some time. At the same time, while the majority have attained political power through democratic processes, they do not control the economy, which continues to be owned by a small minority of interests which are often unsympathetic to the needs of the poor.

Thus, while the policy of national reconciliation is of vital importance in overcoming ethnic/racial antagonisms and in building a national identity, it is not, of itself, a sufficient condition for the creation of a more equitable society. **The issue of economic empowerment - through improved education, employment opportunities, access to primary resources, access to decision making etc. - remains an issue of central importance.**

The decision to pursue a "mixed economy" in Namibia was grounded in pragmatism, taking into account, inter alia, the limited natural resource base of the country, the dependent status of the economy and international trends. The pursuit of a mixed economy, nevertheless, bears certain dangers in a highly unequal society not least with respect to the need to balance economic growth with social equity. Growth of the GDP, as reviewed in Chapter 6 in respect of the analogous case of national food production, does not in itself guarantee growth at the community or household level. Growth of capital intensive sectors of the economy, for example, may not lead to a commensurate increase in the employment or incomes of poor people.

In a similar vein, vigilance will be necessary to avoid the patterns of "neo-colonialism" that have bedeviled many independent African states. These relate to the substitution of colonial elites by indigenous ones or, as might be the case in Namibia, the broadening of existing

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[1] See extracts from the Constitution of Namibia reproduced in Annex 2.

elites to encompass segments of the previously subordinate population. In either instance, the interests of the elite tend to prevail over those of the poorer majority, particularly in regard to the allocation of resources and the ordering of priorities.

Beyond questions of political and economic equity, Namibian society will need to address a broad range of social issues and attitudes embedded in beliefs, culture and tradition. These include the subordinate status of women, the rights of children in practice, and the role of traditional authority structures. The question of women's rights has, in particular, been addressed throughout this Analysis, but the issue remains one of fundamental importance. Whilst the Constitution and the new government have stressed the importance of gender equality, Namibian statutes are still replete with legislation which explicitly or implicitly discriminate against women.

In all civil marriages in Namibia, for example, the husband is the legal head of the family. This means that he has the decisive say in all matters concerning the common life of the spouses, can decide where and how the couple will live, and has final say on decisions regarding the raising of children. Taking into account the "traditional" inheritance practices discussed above, this state of affairs suggests that **there is a need, not only for an extensive review of legislation pertaining to women, but a fundamental reorientation of society's attitudes towards gender**. This is likely to be a lengthy process, but one which should be pursued through the educational system, through the media and, as provided for in the Constitution, through programmes of affirmative action.

10.4.2 The Regional Context

While prospects for peace and democracy within Namibia at present seem good, the Southern African region as whole remains unsettled. To the north of Namibia the ongoing war in Angola is restricting trade linkages with that country, and constraining the growth of the Ovambo and Kavango regions in particular. The burden to communities of providing initial support to incoming migrants from the conflict, and the expense of policing Namibia's northern border against incursion, are further direct costs.

Linkages to the south remain equally problematic. Namibia's historical dependence on South Africa (it was, to all intents and purposes, administered as a fifth province) has created a position of considerable economic and political vulnerability. Namibia's economy, as described above, is heavily reliant on South Africa both as a source of imports and a channel and market for exports. The fact that all major road and rail links terminate in South Africa, as well as South Africa's continued occupation of Walvis Bay (Namibia's sole deep water port) confers considerable control and influence on a minority-ruled country yet to establish formal diplomatic relations with Namibia.

Although the prospects of South African-led destabilisation in Namibia seem unlikely in the current political climate, the possibility that "right wing" groups or maverick elements within the South African security forces might initiate such programmes cannot be ruled out entirely. Furthermore, any extensive breakdown of civil order in South Africa during the complex process of dismantling apartheid and democratisation within that country, would have probable severe economic consequences (through "imported" recession and/or inflation) for Namibia and other states in the region.

Although prospective political changes in South Africa herald an era of more equitable regional co-operation, the outcome and time scale of this transformation remain uncertain. At the same time, the long-term economic relationship between Namibia and South Africa, including continued membership of the South African Customs Union and continued use of South African currency, remain to be considered.

Political changes in South Africa will also alter the pattern of regional co-operation in Southern Africa, including the activities and functions of SADCC. In the short run, nevertheless, Namibia's membership of SADCC, has opened new channels for collaboration and co-operation within the region. These include the development of international infrastructure (the Trans-Kalahari Highway and telecommunications links to Botswana, for example) and exchanges in the spheres of culture, education and sport. Namibia is also in a position to benefit from the experience of its SADCC neighbours in initiating and administering new development programmes, including those orientated to child survival, protection and development.

Membership of the United Nations, the Organisation of African Unity, the Commonwealth and the Non-Aligned Movement have conferred full international status on Namibia. Within the broader geo-political realm, however, the country is, like many other small developing states, subject to the fluctuations of world markets and prices and the vagaries of international politics. Reliance on foreign oil supplies in particular (Namibian stocks remain unquantified and undeveloped), renders the country vulnerable to major swings in the world market, as the impact of the Gulf War attests.

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CHAPTER 11 : PROFILES OF VULNERABILITY

11.1 Identifying the Most Vulnerable

The extent of distortion and disruption of the social fabric and economic structure that occurred in colonial Namibia has been highlighted in previous chapters of the Situation Analysis. The combined effects of these are most severely felt by a range of **"especially-affected population groups"**, largely corresponding to the roughly 55% of the "absolutely poor" of the country's population. Whilst the inequalities of access to essential services, incomes, productive assets and wealth in Namibia are the "static" inheritances of the colonial period, the **multiple distortions of family structures and local economies** are dynamic variants which have particular implications for the most vulnerable groups.

The fragmentation of administration and provision of services; the regional variations in patterns of colonial exploitation of land, water, labour and other resources; the different degrees of protection and types of alternative services offered by the churches; the differential effects of military occupation: these and other factors have led to heterogenous outcomes for children and women in Namibia today. It is likely that such differences between regions, and amongst groups within regions, will need to be understood and taken into account for some time to come, in determining priority needs for rehabilitation and development.

Whilst many of the basic needs of Namibian children and women are common ones, the groups identified here are those which constitute the "sharp end of the wedge" in respect of basic needs. The common denominator which characterises their situation is that of extreme poverty. Their portrayal as particularly vulnerable groups should not lead, however, to the assumption that they are groups or communities totally devoid of existing coping strategies or fundamental internal capacities which may in future be mobilised for change. To date few of these groups have been well surveyed or their specific needs, for rehabilitation or development, fully assessed.

It is becoming increasingly clear, however, that the breakdown in traditional support systems, within communities and in respect of the extended family, is a major factor contributing to vulnerability. As such systems were transformed by the effects of urbanisation, the migrant labour system, militarisation and acculturation, the ensuing crisis in the household occasioned profound changes in the roles of family members. Particularly for youth, whose need for financial independence causes them to break away from the family, weakening support linkages, there is need to investigate further which assisting mechanisms still exist, which may be built on to strengthen the household and the community. In addition, the diversity of cultural and social formations in the different areas of Namibia, and the variable patterns of dislocation, will demand a sensitivity to regional differentiation.

11.2 Groups in Extreme Poverty

(a) Namibians internally displaced by conflict and military occupation. Unknown but relatively large numbers of citizens were obliged to move their homes in northern Namibia under the South African military occupation during the 1970s-1980s. This appears to have taken place mainly in Ovambo and to some extent Kavango, in areas along the Angolan border. In some cases forced removals are reported to have taken place; in others, a

combination of minefields, intimidation, destruction of crops and other assets, and proximity of conflict led to migration within these regions. Additional migrations took place from Southern Angola into Northern Namibia during this period. Since population movements took place over a number of years, the extent of displacement and the current needs and characteristics of those formally displaced are not readily identifiable.

(b) Farm workers on low wages and their dependents. An estimated 210 000 Namibians live on privately-owned farms, of whom about 30 000 are registered as formally employed. No survey of the conditions of residents on private farms and at privately-owned boreholes is known to have been made. Informal contacts suggest that this group tends to be highly under-served in terms of educational opportunities and access to health services and housing, as well as facing very low income (particulary cash income) per capita. A much smaller, but significant and often highly deprived sub-group, are ex-farmworkers and their dependents, effectively displaced following reduction of labour hiring on private farms and living on the margins of small urban centres in the centre and south.

(c) "Remote area" populations often living in ecologically harsh conditions. Significant numbers of Namibians live in highly neglected and (consequently) remote or barren areas. In some cases, their access to land and water for subsistence and income-earning activities has been dramatically eroded under the successive colonial occupations. These factors apply in at least some degree to virtually the entire non-urban populations of the centre and south of the country, as well as to the San groups of the north-east and Himba people of the north-west.

(d) Rural women heads of households. This is a large group in most geographic areas, particularly in view of the extent and nature of labour migration in Namibia, involving mainly adult males absent from their families for prolonged periods. The economic handicaps and food-insecure conditions facing women as family heads, are described in Chapters 6 and 10.

(e) Low-income peri-urban families. Considerable numbers of Namibians live in very poorly serviced urban environments, on low or precarious incomes. Makeshift housing areas, lacking proper sanitation or adequate clean water supplies, exist on the peripheries of virtually all urban municipalities. These are often (as in the outlying areas of Katutura) situated at long distances from the nearest schools, clinics and shops, and are not well served either by public or commercial means of transport. In the peripheries of the Ovambo towns of Oshakati and Ondangua, housing commonly consists of corrugated metal structures in concentrations near to former military bases. As shown by the HHNS, the populations of these peri-urban areas suffer high rates of disease and malnutrition.

In 11 estimates made of household incomes in peri-urban areas in 1983-86, income per month ranged between R181 and R376 (National Building and Investment Corporation, quoted in UNDP/UN, 1990). Average incomes in female-headed households were often less than half those in male-headed ones; whilst the percentage of households headed by women in 9 "non-white" urban areas ranged (1981-86) from 20-57% (UNDP/UN, 1990). These income estimates, allowing for inflation, are very similar to those found in the peri-urban Ovambo region surveyed in 1990 (R361 per household per month).

(f) Adults and families facing income collapse related to demilitarisation. Among these groups are former employees, including soldiers, of the various "territorial" and "counter-insurgency" forces and bases of the colonial regime, and those who depend on them economically. This group is estimated to number about 120 000 (adults and children). In some cases, such as western Caprivi and "Bushmanland", whole sub-regions for which military spending became the major source of incomes and employment have faced short-run economic depression and hardship. Given the tendency of the prolonged military presence to undermine the subsistence and income-earning activities which previously formed the local basis of survival, it will not be easy for populations so affected to find viable alternative means of livelihood.

(g) Victims of war and former exiles. These groups also fall into several sub-categories. The most needy are probably those suffering permanent disability resulting from war, including ex-combatants and civilians maimed by land mines and shells (including a number of children). The nature and extent of psychological traumatisation among children is yet to be ascertained, but is believed to be serious by many church workers.

In the category of those who have moved across international boundaries lie some 45 000 Namibians repatriated during 1989/90, and an unknown number (possibly tens of thousands) of Angolans who have crossed into Namibia in the last few years. A high proportion of each of these groups have been socially integrated with relatives. However, few among the adult "returnees", civilian or former combatant, have been able to find formal employment (only 6% of those surveyed in mid-1990 by the HHNS), and the pressure created on already limited resources within the relatives' households is often considerable. About one third appear to be involved in family farming or with informal sector activities. Others have returned to find their families displaced, and those seeking to have their land returned to them are often involved in protracted disputes.

(h) Victims of family breakdown. These include children in especially disadvantaged situations, including the children in alcohol-affected families, displaced squatter communities as well children forced to survive on the streets. Initial findings from a survey of "street children" conducted in 1991 in Windhoek, Rundu and Keetmanshoop highlight the importance of these children's activities for the survival of their families. The majority are in the 10-14 years age-group, and in many cases their activities - guarding cars, selling newspapers, collecting bottles, etc. - provide the only (meagre) source of cash or food for their families, which are typically headed by female single parents and may include up to ten children under 18 years.

Table 11.1 provides a rough typography of the characteristics of groups in extreme poverty in Namibia, and their regions of main location.

Table 11.1 Typography: Some Major Characteristics of Extreme Poverty

REGION	Major Characteristics
North-Centre and North-West	Remote area populations; displaced families; former exiles; demilitarised individuals; war victims
North East	Remote area populations; demilitarised families
Centre-North	Farmworkers and former residents on private farms; remote area populations; residents in ecologically harsh conditions
Windhoek/Katutura	Low-income peri-urban families; unemployed; recent migrant squatters; socially-deprived and 'street children'
South	Farmworkers and former residents on private farms; residents in ecologically harsh conditions; low-income peri-urban families; alcohol-affected families and 'street children'

This list is, however, neither comprehensive nor exhaustive: there are other groups whose situation is likely to be equally vulnerable, but to date few have been well surveyed or their specific needs, for rehabilitation or development, fully assessed. As noted in the UNICEF/NISER/GRN workshop which reviewed the first draft of the Situation Analysis (UNICEF Namibia, 1991), they include:

- women seeking child maintenance;
- women denied access to land;
- widows who are dispossessed of their deceased husbands' estates under customary law;
- domestic and other low paid workers;
- children in boarding school hostels;
- children on farms, whose labour may be exploited;
- the elderly, particularly those with responsibility for the care and support of grandchildren;
- prostitutes;
- the San people, whose access to their traditional habitat is in competition with environmental conservation programmes in some areas.

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CHAPTER 12 : GOVERNMENT OBJECTIVES AND POLICIES

12.1 Policy Formulations to Date

The newly-Independent nation of Namibia faced two major and inter-linked challenges: firstly, the reconstruction of the social and economic fabric which had been severely disrupted by colonialism and the protracted liberation war, and the expansion of development to include the bulk of the population which had been progressively marginalised within one of the most highly skewed economic structures in the world for decades. This implied the need for policies which would both restructure and transform the inherited inequalities in the distribution of and access to income, resources and services, and establish the conditions for long-term, sustainable development. The Government of Namibia (GRN) was also aware of the need to take up the challenge of nation building in the context of national reconciliation, conducive to fostering peace and unity. Fundamental rights and freedoms for all Namibians are entrenched against repeal or amendment in the Constitution[1] and "democracy based on a multi-party system and human rights will be the cornerstone in nation building and social progress in Namibia" (GRN, 1990a:4).

The underlying objective of all policy formulations since Independence has been the promotion of the welfare of the people, through, *inter alia*:

- ensuring that every citizen has a right to fair and reasonable access to public facilities and services;

- ensuring that consistent efforts are undertaken to raise and maintain an acceptable level of nutrition and standard of living of the Namibian people and improve the public health;

- ensuring equal opportunity for women to enable them to participate fully in all aspects of development and society;

- ensuring that the ecosystems, essential ecological processes and the biological diversity of Namibia are maintained, and living natural resources are utilised on a sustainable level for the benefit of all Namibians, both present and future.
  (GRN, 1990a:5)

Central to all policy guidelines has been the issue of unemployment, high levels of which have been contributed to by economic stagnation, the return of exiles and demilitarisation in the former 'war zones'. The declared intention of promoting co-operation between the private and public sector, developing a mixed and market orientated economy and attracting foreign investment, is based on the realisation that social development can only be sustained by underlying economic growth: "It is of vital importance that the wealth creating sector is in appropriate balance with the wealth distributing sector." (GRN, 1990a:6).

Policy intentions with respect to the economic sector are thus based on the need to restructure

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[1] See Article 95 of the Constitution, reproduced in Annex 2.

and rehabilitate the national economy, and on the identification and promotion of new and augmented sources of economic growth. Areas for intervention include:

- substantial rises in agricultural production and productivity, particularly in the communal areas, based on an equitable and more productive land tenure system;

- stimulation of domestic investment and public and corporate savings, with simultaneous promotion of efficient use of public sector resources;

- development of the agricultural sector and promotion of small and medium-scale industries, in order to increase the domestic supply capacity of the economy, balance dependence on external trade and increase the value added factor in resource development.

In respect of developing the national institutional framework to facilitate policy implementation, the following initiatives are planned:

- restructuring of the expensive, skewed and unbalanced public administration, through an initial process of centralisation, leading to decentralisation once new structures for regional and local government have been developed;

  in order to localise and streamline monetary and trade administration, the establishment of an independent Central Bank, responsible for overseeing and planning the implementation of a Namibian currency (to be introduced by 1992) and monetary policies;

  the development of an effective Customs Administration, the raising of customs revenues and review of the costs and benefits of the now formalised membership of the Southern African Customs Union;

  participation in regional programmes of co-operation through membership of the Southern African Development Co-operation Conference (SADCC) and the Preferential Trade Area for Eastern and Southern Africa (PTA), and a commitment to international and African economic co-operation through membership of the Organisation of African Unity (OAU), the United Nations and the General Agreement on Tariffs and Trade (GATT);

  the establishment of the National Planning Commission, tasked with planning the priorities and strategic directions of national development, and the establishment of effective mechanisms for development planning, aid co-ordination and debt management.

The Government has given strong recognition to the need to rapidly increase access to basic social services, through the restructuring and extension of these services, particularly to under-serviced regions and population groups. The range and diversity of the development needs of Namibia in the transitional period have thus led the Government to focus on four major priority sectors, where policy initiatives are intended to meet the most immediate needs

of the most disadvantaged population groups, and lay the basis for widespread socio-economic development. The priority areas identified are:

- agriculture and rural development;
- education and training;
- health;
- housing.

In the area of agriculture and rural development, policies are designed both to increase agricultural production and productivity, and to link the sector to processing industries, particularly in the livestock and fisheries sub-sectors. Whilst the major focus of programmes will be on the communal areas, with a strong emphasis on integrated village-based development, the need is recognised to expand the existing commercial sector and increase its capacity to meet domestic demand, especially for basic foodstuffs, and export earnings. It is stated that "expropriation of land without full compensation is excluded as unconstitutional" (GRN 1990a:20); communal farmers may, rather, be assisted to purchase existing commercial farms, and to develop to commercial level within the communal areas, where feasible. However, a comprehensive policy on land reform is still to be developed, pending results from the preparatory research and consultations which are currently in progress.

The main elements of initial programme formulation in this sector include: identification and utilisation of new and under-utilised land for livestock and crop production; development of financing schemes, extension and training facilities and other agricultural support programmes to be based at Rural/Agricultural Development Centres; promotion of improved local resource management activities by village-level organisations; development of alternative low-cost technologies and energy sources; and the promotion of agro-industries, especially in the small-scale sector.

The major policy objective in the area of education and training is "the establishment of a uniform and universal education system, open to both children and adults, as well as an appropriate administrative structure." (GRN, 1990a:24). Primary education is made compulsory for all children under the age of 16 under the Constitution, and the state has an obligation to make primary education available free of charge. Eight decentralised Regional Education Offices are to be established, and in-service training for teachers, development of school facilities and of a more appropriate curriculum will be priority responsibilities for the newly-established National Institute of Education Development. The development of strategies to address the educational needs of disabled persons will be the responsibility of the proposed Institute for Special Education, whilst a Commission on Higher Education is to be appointed to review the tertiary education sector as a whole.

In line with a stated commitment to the World Declaration on Education for All and Framework for Action to Meet Basic Learning Needs, arising from the World Conference on Education for All, Jomtien, March 1990, the broadening of adult and non-formal education, and literacy programmes, will receive special attention, in combination with a

focus on the provision of skills and training for school drop-outs and the unemployed, and on the educational needs of girls and women (GRN, 1990b).

The adoption of the Primary Health Care (PHC) policy, based on the principles of equity, accessibility, affordability and community involvement, forms the basis of programme initiatives in the health sector. Reorganisation of health care services and administration will focus on the delivery of preventive services in the areas of maternal and child health, immunisation, disease control programmes, safe water supplies and sanitation and nutrition promotion. These primary health care services, which will generally be provided free of charge, will be complemented by a national referral system. An Expanded Programme on Immunisation was launched in June 1990, only three months after Independence, and has provided a basis for the implementation of other maternal and child care (MCH) programmes. A Community Health Worker Training Programme has been initiated, and it is envisaged that policy guidelines on the implementation of PHC and Community Based Health Care (CBHC) will be put in place by the end of 1991.

Whilst district level health authorities will be vested with discretionary authority and budgetary control at the local level, the proposed statutory National Health Council will provide for inter-sectoral liaison and endorsement of health policies at the national level. In addition, a statutory National Social Services Council will be established to advise the Ministry of Health and Social Services on social services policy, social pensions and other matters related to social services (GRN, 1990c).

Responsibility for the development of rural water supplies has since Independence been given to the Directorate of Rural Development in the Ministry of Agriculture, Fisheries, Water and Rural Development, which is in the process of seeking to establish a Rural Water Supply Section. In the medium-term, this Section will work with the Directorate of Water Affairs and the Ministry of Health and Social Services to ensure that all Namibians have access to clean water supplies and adequate sanitation. A major collaborative effort will be required to meet this goal, with all parties working together to develop integrated responses; the UNICEF/CCN Integrated Area Based Project at Uukwaluudhi in Western Ovambo should provide a valuable model for work in this area, as it incorporates the introduction of low-cost water supply technologies and a pilot programme to introduce the ventilated improved pit (VIP) latrine.

In respect of housing, priority will be given to construction of low-cost but appropriate accommodation in rural areas in order to reduce migration to and the further development of slum and squatter settlements in urban and peri-urban areas. Proposals to alleviate the current critical housing shortages include the development of locally-produced building materials, training for self-help and entrepreneurship in the construction sector, the introduction of subsidised financing schemes, and the improvement of physical planning techniques to increase the supply of building sites and assist the development of public construction programmes.

The Government has also moved rapidly to install initial capacity for drought monitoring and response, in view of the high levels of vulnerability of poor Namibian households to adverse climatic conditions. A National Drought Relief Committee has been established under the Ministry of Lands, Resettlement and Rehabilitation, and during 1990 put a food and seeds

distribution programme, as well as a community-orientated 'food for work' programme, into operation in several drought-affected regions, with the assistance of the CCN. The Ministry of Agriculture, Fisheries, Water and Rural Development is in the process of establishing an Early Warning Unit which will monitor agricultural and rainfall conditions, and during 1990 instituted a relief scheme for farmers in livestock-producing areas.

12.2 Revision of Expenditure Priorities

The commitment of the Government in its first year of office to these new priorities has been evidenced by marked changes in budgetary allocations (see Table 12.1 below).

Defence spending in the 1990/91 financial year has been reduced to 4.8% of the national budget, from almost 11% in 1988/89, whilst allocations to the Ministries of Health and Social Services and Education, Sports and Culture represent 13.7% and 18.2% of the budget respectively. Expenditures per capita by these two Ministries are estimated at US$76 and US$104 respectively, representing a considerable increase on previous expenditures, which are more likely to be equally distributed amongst the different population groups. The Ministry of Works, Transport and Communications received 21.3% of the budget, a large proportion of which will be utilised for infrastructural projects on behalf of the service Ministries. Overall, the Ministries involved in 'community services' provision and development were allocated some 40% of the budget.

Table 12.1 : Functional Classification of Budget Expenditure, 1990/91 (million Rand)

PROGRAMME	Current	Capital	Total	%
Economic Sector Services	102.2	6.7	108.9	4.8
Community Services	818.1	86.4	904.5	40.0
Infrastructure Services	336.2	94.6	430.8	19.1
Research Services	0.4	0.0	0.4	0.0
Protection and Administrative Services	741.3	73.6	814.9	36.1
TOTAL	1 998.2	261.3	2 259.5	100.0

Note: excludes debt service payments

Source: GRN, 1990d

Table 12.2 : Total Estimated Expenditures for Financial Year 1990/91 (million Rand)

MINISTRY	Amount	%
Office of the President	30.6	1.2
Office of the Prime Minister	52.7	2.0
Ministry of Home Affairs	140.7	5.5
Ministry of Foreign Affairs	45.9	1.8
Ministry of Defence	122.7	4.8
Ministry of Finance *	379.5	14.7
Ministry of Education, Culture & Sport	469.0	18.2
Ministry of Information & Broadcasting	54.7	2.1
Ministry of Health & Social Services	351.7	13.7
Ministry of Labour & Manpower Development	12.0	0.5
Ministry of Mines & Energy	10.1	0.4
Ministry of Justice	18.4	0.7
Ministry of Local Government & Housing	106.1	4.1
Ministry of Wildlife, Conservation & Tourism	28.8	1.1
Ministry of Trade and Industry	9.1	0.4
Ministry of Works, Transport & Communications	549.9	21.3
Ministry of Lands, Resettlement & Rehabilitation	15.9	0.6
Ministry of Agriculture, Fisheries, Water & Rural Development	178.4	6.9
TOTAL	2 576.1	100.0

* includes debt servicing (11.5% of total expenditure)

Source: GRN, 1990d

12.3 Policy Action for Children and Women

The recognition of the Government of Namibia of the extent to which the particularly vulnerable situation of women and children demands special consideration in all policy formulations has been clearly and consistently expressed. Many important socio-economic goals with particular implications for women and children are set out as principles of state policy within the Constitution. Equality before the law and the abolition of sexual discrimination are also constitutionally enshrined, as well as other provisions safeguarding the rights of women and children within marriage and the family. Namibia is a signatory to the United Nations Convention on the Rights of the Child, and the Government affirmed its intentions to promote child welfare, protection and survival with the publication in August

1990 of "The Policy of the Government of the Republic of Namibia on Children" (GRN, 1990e).

As part of the follow up to the September 1990 World Summit for Children, attended by President Nujoma, the Government intends to focus initially on the problems of street children and other children in difficult circumstances, and to develop a medium-term Plan of Action to address comprehensively the needs of children in the 1990s, by the end of 1991. A Child Survival, Protection and Development Foundation has been established, of which Mrs Nujoma is the "patron".

Women's issues are the responsibility of the Women's Desk in the Office of the President. The Desk has an advocacy and 'watchdog' function with regard to the promotion of women in development, and, it is envisaged, will encourage and sponsor research on women's needs and concerns and promote consultation thereof, collate, analyse and disseminate information on women, provide policy advice and co-ordinate with NGOs and ministries. The Department of Community Development, in the Ministry of Local Government and Housing, has recognised the need to both involve women in the development process, and ensure that they benefit from their contributions in real terms; whilst the concept of community and popular participation underlies all proposed initiatives for development, special efforts will be made to involve women. The Department of Community Development envisages that improvement in the situation of women will be strengthened by targeting:

- examination and removal of discriminatory legislation;
- provision of information to women on their rights;
- protection of women against abuse;
- provision of economic opportunities for women.

12.4 Constraints to Policy Implementation

The challenge of reconstruction and development facing Namibia is considerable, particularly given the structural imbalances inherited from previous regimes. The identification of four priority sectors for initial development interventions will assist in focusing activities on critical needs. The scope of problems in these sectors are themselves, however, of considerable magnitude, and represent the need for significant expenditure on both capital and recurrent costs. Estimates of expenditure for 1990/91 for projects and programmes within the priority sectors, submitted to the June 1990 Donor Pledging Conference, totalled R758 million, rising to R2305 million for the three year period to 1992/93. Pledges made at the Conference amounted to only US$200 million (approximately R510 million), however, and very few of the funds pledged will be disbursed before mid-1991.

Whilst high estimates of economic growth have been forecast for the immediate post-Independence period, not all of these have materialised due to external factors, such as the impact of international oil prices on the domestic economy. World Bank projections of a recovery of GDP growth from 0.2% (achieved) in 1989 to 6.4% in 1990 and 3.7% in 1992 now appear highly optimistic, despite possible increases in external private investment

following the lifting of sanctions, and a Private Investment Conference held in February 1991.

In addition, the prospects for economic growth in the medium-term are also estimated to be limited. The previously severe over-fishing of the coastal waters renders any boost to revenue from fishing probably a one-off occurrence, based on the establishment of territorial jurisdiction, whilst long term prospects for the mining industry suggest possible contraction of supply and market demand, at least for present mines and major products. Agricultural development faces critical ecological constraints in respect of limited water sources and already environmentally depleted land in many areas, and will depend largely on sustainable increases in productivity on existing production systems. The outlook for employment growth is similarly very constrained: the ILO estimates that "the prospects for rapid growth in wage employment are bleak. It is unlikely that the growth in wage employment will exceed 1.5 percent per annum over the 1990-94 period" (ILO, 1990).

Despite intentions to reactivate growth through incentives to foreign and local private sector investment, it is unlikely that significant additional revenues available for public expenditure will accrue rapidly. Meanwhile, there is limited scope to extend the small tax base, as relatively high levels of taxation are already levied on the higher-income minority. The legacy of debt servicing related to borrowing by previous regimes amounts to some R700 million, and 11.5% of the 1990/91 budget has had to be set aside for repayments. Limited financial capacity is thus likely to constrain policy initiatives for some time.

The commitments to provide both primary health care services and primary education free of charge are in keeping with the immediate expectations of the Namibian people, but may prove to be a significant drain on resources fairly rapidly. The pressure for additional public spending will be high in the short- to medium-term, given the high expectations of the Namibian people for rapid improvements in living conditions and access to resources. This is particularly the case in respect of employment, and the crisis amongst returnees and ex-combatants may necessitate additional expenditure on special training and employment programmes, if potentially extreme social tension is to be avoided.

Contributory cost mechanisms are discussed in few of the policy initiatives developed to date, which is understandable in political terms in a newly-Independent nation which has emerged from colonial domination and decades of military disruption. The Government may lose important opportunities, however, if initial programmes involving community mobilisation and participation do not include an information element which facilitates communities' understanding of the probable need for cost contribution, at least in some service areas and in forms (such as labour and local raw materials) that communities can afford.

At best, **constraints will be reduced where community contributions are directly linked to community participation and decision-making within the development process.** Years of colonial domination, coupled with the tactics of the South African military designed to create a "welfare mentality", may present psychological obstacles to such initiatives, but the long-term sustainability of development in Namibia is unlikely to be achieved if they are not overtly addressed. Mechanisms for community involvement must be matched by improved cost-efficiency in expenditure, implying the need for sound planning, financial and output monitoring and an integrated approach to programme development.

The public administration inherited at Independence is not only expensive, in terms of relatively high upper-range salary levels and constitutionally-protected contracts, but also, as a product of previous apartheid policies, inappropriately deployed and often dysfunctional. As a result, for example, under-utilised but high-cost schools and hospitals exist in some areas, which need to be integrated respectively into the proposed national education and health systems. The devolution of financial and administrative authority is a key element in the Government's strategy for decentralisation, but may be hampered, at least in the short-term, by human resource and skills deficits, and by resistance from both administrators and technicians to attempts to place primary responsibility for development in the hands of the community and local administrations.

At the same time, the ability of the latter to effectively take on such responsibility will depend on education, skills training and resource mobilisation, as well as the introduction, through a popular and democratic election process, of appropriate and responsive channels and structures for community representation. Much remains to be done with regard to national policy formation on concrete and practical steps for initiating and sustaining these kinds of processes, particularly given the great lack of opportunities given to communities to participate in the planning and management of their own development prior to Independence.

Practical constraints also exist in respect of the logistics associated with service delivery to widely scattered populations, often located in isolated settlements, over an extensive land mass. Transport and communications costs are particularly high in such situations, and demand high levels of recurrent financing, with **unit costs of service provision rising as the more remote - and often most needy - communities are reached.** In common with all the proposed development objectives of the Government, the capacity for achieving goals in these priority sectors will depend on matching social service access needs and delivery with sustained economic growth.

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CHAPTER 13 : PRIORITIES AND OPTIONS FOR ACTION

13.1 Identification of Priorities

In preceding chapters of the Situation Analysis, the various manifestations and immediate causes of suffering and death among children have been described and analysed. The focus on the **"cluster of three"** underlying determinants - inadequate food, care and health - has **highlighted the extent to which all three combine to contribute to the process of malnutrition and to child death**. Of the three clusters, the available evidence indicates that the first and third - i.e. insufficient household food security and inadequate access to health, water and other services - are of relatively more importance in determining outcomes for child survival and development. In Namibia, however, inadequacy of maternal and child care is also an important and interactive factor, especially in situations and areas where erosion or breakdown of the family structure has occurred, resulting in lack of household ability to make best use of already limited resources of food, income and service access for the purpose of child care.

Even with the limited data available on Namibia's various regions and on the range of population groups, it is evident that the most serious outcomes are manifested amongst children and women in those groups and regions, the situation of which is characterised by **absolute poverty and extreme resource deprivation.**

In such a situation, it is difficult to isolate out any one of the determinants as a major contributor. Arguably, a policy focus on **raising the incomes and productivity of the poor** will create, in the medium- to long-term, the most viable base for sustainable development, enabling households and communities to contribute more fully (including financially) to development programmes, and to mobilise their own, and external, resources more effectively. At the same time, a certain level of **health, nutrition and expendable time** must be available for productive work to provide benefits commensurate with the efforts put into it, whilst **knowledge and skills** are also required to enable work to be undertaken productively. This is particularly the case for women, in respect of whom, additionally, the multiplicity of roles and responsibilities demands policy formulations which do not create imbalances and additional burdens. Optimally, programme interventions designed to reduce mortality and malnutrition will be those based on an **integrated, multi-sectoral approach**, which, as with the Conceptual Framework adopted here, recognises and responds to the inter-linked and processual nature of the underlying determinants and their manifestations.

13.2 Strategy Options

The application of integrated strategies and multi-sectoral approaches to programme implementation has been noted as particularly important in policy formulation. There are additional strategies of a "cross-cutting" nature which may be considered for use within all sectors, as follows:

- social mobilisation is a key process for informing and conscientising all levels of society about the situation of children and women. Advocacy, dissemination of information and the promotion of community participation are all effective tools for social mobilisation, and with the transmission of appropriate information and messages

through the media, relevant structures and institutions, both the take-up of and contributions to development programmes can be stimulated;

- decentralisation of responsibility for the planning, implementation, monitoring and evaluation of programmes is most effective where it reaches both to and beyond district-level administrations, to involve communities directly, and where it is accompanied by the devolution of a degree of financial autonomy to local levels;

- gender awareness is central to the formulation of policies and programme interventions which respond to the particular needs and circumstances of women;

- the promotion of popular participation as a strategy component is dependent upon a number of factors, which may vary across sectors. At base, however, there is need to create and sustain a climate of democratic participation, where flexible and representative community-based structures are popularly elected and operate within mechanisms which ensure accountability and responsiveness;

- despite a number of weaknesses, the non-governmental organisations in Namibia have demonstrated their capacity for promoting and organising local participation, as well as an ability to operate at low costs, yet innovatively and adaptively. NGOs should thus prove to be important partners for Government in future development activities, and co-operation and co-ordination should be operationalised both between and within the two sectors in projects and programmes;

- for some time to come, institution building and human resources development at all levels will constitute an important element of policy development in all sectors.

- particularly in respect of transport, water use, communications and other infrastructural development programmes, their location where appropriate as part of regional development strategies, such as those being promoted through SADCC, may significantly increase access to shared resources and returns to investment. The same is true of more diversified linkages with neighbouring states, in respect of manufacturing, marketing and other forms of entrepreneurial development.

13.3 Research and the Statistical Database

It is evident that more effective systems of data collection and collation are necessary for both planning and monitoring throughout the public sector. This includes data by which to monitor progress towards the major and detailed Goals for Children in the 1990s (see Annex 1). The weakness of the statistical base, which has arisen from a combination of inappropriate classification systems and a tendency towards geographical fragmentation, will severely constrain planning initiatives for some time to come. The census to be undertaken in 1991 will assist in providing basic data on population distributions, but there are a number of other areas where the inadequacy of data is critical - for example, in respect of a national Health Information System. The establishment of the Central Statistical Office will assist in creating the basis for expertise and capacity-building for national data systems and a development programme for surveys and data analysis.

Over and above the need for more effective collection and collation of data, is the **need for the development of the capacity for data usage.** This can be achieved, in part, through the development of inter-sectoral planning capacity at both the national (through the National Planning Commission and other inter-ministerial planning mechanisms) and regional (and possibly eventually district) levels. The envisaged establishment of Regional Government bodies in 1992 is likely to further accentuate the need for support of planning and local area data use capacity. Local area data use also relates to the feedback of collected data to communities and/or community based collection systems. This applies, for example, to community based systems for monitoring nutrition and young child growth, as well as to early warning data on drought and household food security. Finally, there is an evident need to build national capacity for the monitoring and evaluation of major Child Survival, Protection and Development (CSPD) programmes as part of the process of ensuring **programme sustainability** (through popular participation, cost-effectiveness etc.).

Social and economic research is necessary to complement statistical data, but has been neglected for a number of years, and recent anthropological study of the major ethnic groupings nationally, and in northern Namibia particularly, is extremely limited. Where it does exist, social and anthropological research is not only heavily biased towards ethnological exotica, but frequently describes social behaviour which no longer exists, or which exists only amongst small minorities. As a consequence, **there are major gaps in knowledge about the way in which rural households and communities currently organise themselves and of the varied strategies they have adopted for survival,** yet the need for this type of information, at both national and regional level, has been clearly identified as a priority issue on the future research agenda (UNICEF Namibia, 1991). The need for an understanding of community processes implies the use of action-orientated and participatory research methodologies, which both involve community members in the research process and feed into the development of appropriate strategies and programmes.

13.4 Household Food Security, Agriculture and Incomes

It is clear that the health and nutritional wellbeing of Namibia's children - the nation's future productive base as well as leadership - depend crucially upon the improvement of the economic and health status of Namibia's women today. Since the majority of women are engaged in food production as a primary economic activity, it becomes imperative to include women fully in the objectives of agricultural and rural development policies of the new Government, and in the implementation of programmes in these and other sectors (such as domestic water provision, adult education and primary health care). Arguably, **women should be placed at the centre of efforts to increase family-level incomes and basic food production, and thereby, to improve household food security and the nutritional status of young children.** The justifications for according women a central role in policy objectives and programme implementation in these sectors include the following:

this is the fastest route to obtaining a broad-based increase in family level food security, and holds out greater potential and certainty for doing so than the "trickle-down" route of targeting the achievement of aggregate national food security, or overall job creation targets alone;

widespread improvements in family-level food security - and consequently in the

general stability of Namibian families - will assist in creating the necessary conditions for significant reductions in the high level of child malnutrition in Namibia, with future benefits in terms of the productivity of the country's workforce;

an emphasis on raising the productivity of and returns to women producers is likely to translate with greater efficiency into gains in health and welfare status for the nation as a whole, thereby reducing costs for curative and welfare programmes, and increasing national output.

As seen in Chapter 6, household food security is low and precarious in almost all regions of Namibia, and particularly so among families with low incomes, high dependency ratios, low productivity in family farming, and/or headed by women. **Since women form the majority of farmers in Namibia, and agriculture is still the dominant source of employment/self-employment, specific suggestions for agricultural sector programmes and programme design are made** in the context of the urgent need to provide greater economic and production opportunities to women. These include the following:

a. In arable farming, women producers should be empowered through the provision of assets, technologies and knowledge. However, the supplying of additional assets and technologies must be based on an understanding of the present farming systems, practices and needs of small-scale cultivators. Therefore,

b. research programmes on existing farming systems should be urgently initiated in the main areas of cultivation in Namibia, with the full participation of women farmers.

c. Meanwhile, "incremental" assets and knowledge should be made available which are likely to enhance the productivity of existing farming practices and systems and which are manageable by women producers (individually or in associations). Examples of these might be:

- supply to farmers of improved varieties of open-pollinated millet and cowpea seed;

- trial provision of small cattle or donkey herds to women's groups and associations for draft power and water collection purposes (cf. the Arable Lands Development Programme in Botswana) as well as 'core' numbers of small livestock for initial herd establishment purposes, particularly in southern areas;

- trial establishment by the Agronomic Board of millet marketing points in relatively high potential areas of Kavango and Ovambo, jointly with smallscale millet processing units operated by traders (or cooperatives); allowing both for individual farmer "batch-milling" on a service fee basis and bulk processing for commercial sale;

- assessment of the various grain storage designs already existing in the rural areas and demonstration of stores and storage techniques least susceptible to losses;

- increasing the availability and economic accessibility of ploughs, handtools, and other agricultural working capital, as well as small farm improvements (e.g. lands area water supplies), perhaps through local credit and payback schemes managed on a

group/association basis;

- making cash grants available to selected farmers to hire labour for peak-season tasks, such as field clearance and weeding, through a women-farmer-focused extension service. Grants or provision of plants for tree establishment around existing fields would be a further possibility;

- enhancing total rural family incomes, as well as communal service infrastructure, through mounting by local Government of labour-intensive non-peak-season (post-harvest) public works projects, aimed at land, water supply and feeder road improvements. Such projects, providing a basic wage and based largely on village-level organisation, have typically involved a high percentage of women in Southern African settings.

d. "New" inputs, techniques and technologies (e.g. hybrid seed, chemical fertilizer, higher-value crops, mechanical cultivation and changes in tillage) should be only introduced after participatory research with farmers on existing systems and practices has been carried out, and analysed through consultative processes with the communities concerned. Equally, the design of extension programmes and messages should follow from, rather than precede, the understanding of existing systems and the implications of proposed changes. Not only economic implications of changes in farming practices and technologies need to be assessed: in conditions of labour shortages facing many households, and of an extremely fragile ecological base, the impact of proposed changes both for household labour needs and for longer term ecological recovery must be fully understood and these factors regarded as limiting conditions.

e. Support, through local training and area-focused institution-building, should be given to processes of self-organisation by women farmers and non-agricultural producers themselves. This would involve assisting women to increase their participation in the setting of priorities and design of development programmes, their expression of felt needs, and their capacity to manage technical change, local ecology, additional assets and financial resources.

Greater opportunity should be given to interested women to participate in livestock-raising generally, whilst families already heavily reliant on livestock for their basic incomes have in many regions lacked adequate access to herd improvement services (disease control, stock improvement, water source up-grading) and in particular to markets, which could provide the basis for increased farming returns.

Such agricultural-related measures would need to be complemented, in an overall attempt to address problems of low incomes and food insecurity among Namibian households, by efforts to **increase the participation of the poor, and poor women especially, in non-agricultural economic activities that would raise their productivity and earnings** beyond present levels, without imposing undue workloads or, at least initially, undue time constraints vis-a-vis essential domestic tasks (including child care).

These efforts would include, prominently, a considerable expansion of available opportunities,

in accessible local areas, to obtain easily-marketable skills and vocational training, linked to improved access through small loans facilities (without high levels of financial risk to the recipient), grants or other means, to productive technology and capital at appropriate levels. Back-up in the form of prior local market research and ongoing technical advice would also be needed on a modest but significant scale. Such programmes should be aimed both at increasing productivity in existing activities of poor people, but also at providing opportunities for entry to new activities with the prospect of higher economic returns overall.

The question may arise as to whether the sets of recommendations outlined above imply an "over-subsidisation" of the poor, in smallscale farming or elsewhere in the economy (leaving aside the large real subsidies providing in the past to large-scale farmers). However, if accepted policy aims include the achieving of greater equity in incomes over time, the empowerment of a growing number of smallscale producers to produce more to eat and earn more from product sales at reasonable prices, and thereby the creation of family-level conditions for better child nutrition, then the issue is one of appropriate amounts and types of subsidies to poor people in production, rather than of whether to subsidise at all.

The same justification can be given for programmes progressively to enhance **basic income security for the most vulnerable** and disadvantaged, through measures such as:

- increasing the real value of the standardised old-age pension;

- enacting some form of minimum wage legislation, appropriately researched and designed as to avoid large negative effects on overall employment levels, covering groups such as farm workers and domestic workers;

- providing temporary support following droughts (causing harvest failure or decimation of small herds) for household food consumption and regaining of productive capacity (i.e. food and seed distribution, restocking loans or grants);

- initial support for resettlement of landless would-be farmers;

- organisational and where necessary, initial financial support, would also need to be provided at local levels, to enable communities to find and implement sustainable measures for the rehabilitation of those facing extreme vulnerability, including the disabled, "street children" and other victims of family breakdown.

The justifications for such measures to provide basic income security are particularly strong where the consequences of lack of support would be increased urban migration, unemployment and/or destitution. This is a likely range of outcomes in a situation, as is likely to prevail in Namibia, where the labour market is not expanding rapidly in non-agricultural sectors.

13.5 The Environment

The ecology of Namibia is harsh, fragile, easy to damage and difficult to restore. Much damage has already been done, although not all of it irreversible. Where population settlements, as a result of the prior 'bantustanisation' policies, have been driven by basic

survival needs to contribute to degradation, the long-term solutions doubtless lie in the creation of alternative livelihoods and household security systems, but the need in the short- to medium-term is to establish measures which both increase productivity and preserve the ecology. There is need for an environmental awareness, thus, which not only seeks to reverse past damage, but also to ensure that the current ecological balance is not rendered even more precarious. In effect, this means a number of trade-offs may be necessary - humans, mixed farming and wildlife are all competitors for land, as they are for water, vegetation and other environmental resources - in a situation where a basic lack of (economically) accessible resources prevails. The following constitute some suggestions for policy orientation[1]:

a. In context of the recommendations given in respect of agriculture in section 13.4 above, it will be important to ensure that the training of extension workers includes a central focus on the potential environmental impact of any new or modified farming systems which are adopted. This implies a continual feedback between applied research in the field (across all ecological zones) and the dissemination of results through extension messages.

b. In respect of commercial-scale ranching, extensive monitoring of carrying capacity and actual herd levels will provide the basis for the introduction of appropriate methods of pasture regeneration and upgrading, based on full field testing, and for which partial grants and/or full soft loans may be made available. Financial penalties may be introduced for sustained, significant overstocking.

c. There is similar need for extensive research and monitoring in the small-scale ranching and mixed farming areas. Efforts to encourage lower stock levels as well as investment in pasture improvement and rotation systems (including delimited, communally-organised grazing schemes, where feasible) will have to be matched by attractive market prices, achieved mainly by the extension of commercial marketing systems to under-served areas.

d. Reafforestation programmes need to be built upon both knowledge of local contexts and community support. The introduction of agro-forestry in other countries has proved successful where households and communities incorporate tree planting and conservation as part of the agricultural/productive cycle, rather than as a separate activity. Tree planting (especially for peri-urban fuel supply but also for soil conservation, watershed protection and village fuel/building materials) may be utilised as a seasonal labour intensive supplementary employment programme, serving both ecological regeneration and the income needs of poor households.

e. In respect of energy as a component of the household economy, programme packages

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[1] The focus on the environment in this section is directed towards the interface between the ecological situation and the impact on it of household domestic and productive resource needs: there are other important areas of concern - industrial pollution, the use of chemicals and the protection of wildlife and wilderness habitats, for example - which are not touched upon here.

may require two complementary components, targeting both demand containment and sustainable supply expansion. Whilst Namibia is dependent upon mostly external sources of non-renewable energy, the development of small-scale hydropower may be feasible in the northern river areas, but the economic costs of subsequent rural electrification may prove excessive. In other Southern African states, the introduction of improved stoves has often had less impact in terms of reducing fuelwood use than modifications to traditional practice (e.g. the use of windbreaks around the fire and lowering the cooking grate).

f. Water is Namibia's scarcest resource, and the utilisation of water for irrigation poses serious competition to utilisation for domestic purposes (see 13.9 below). As large-scale irrigation is unlikely to be viable except from border rivers, technical and economic feasibility studies are a priority. In communal areas, spot irrigation may be viable only where domestic water points have sufficient capacity. The installation of boreholes or small-scale irrigation schemes specifically for cropping and livestock in rural and ranching areas will raise policy issues of water tariffs and subsidisation.

13.6 Land Tenure

The land question in Namibia is central - "Its handling is crucial to reconciliation, employment, livelihoods and reduction of absolute poverty" (Green, 1990b). The issue of land tenure is surrounded by a variety of political, production, economic, distributional, ecological and institutional factors, and any substantive recommendations for action in this area are beyond the scope of this Analysis. What may be noted here, however, is that gender is a significant aspect of the land question. In a situation where considerable numbers of rural households are both *de jure* and *de facto* female headed, the perpetuation of inequitable access to and control over land for women would be not only inefficient but also socially and constitutionally unacceptable.

13.7 Employment

The limited prospects for rapid growth in formal wage employment have been discussed in Chapter 9. Strategies for employment creation, thus, will hinge to a large extent on raising productive labour absorption in traditional agriculture and the urban informal sector. Many of the policies for the promotion of on-farm activities have been discussed in 12.5 above; the focus in this section is on off-farm rural employment opportunities, and urban informal sector policies:

a. For the employment sector as a whole, there is need for a comprehensive stock-taking exercise in respect of a national manpower and labour market survey. Subsequently, monitoring systems should be established, together with an institutional framework for incorporating employment and labour concerns into macro-economic planning.

b. In respect of off-farm rural employment, food-processing, small-scale tanneries and leather-work may offer good prospects with respect to both investment and employment. Local resources may be capitalised upon through the promotion of small-scale entrepreneurs, given sufficient financial and technical support.

c. Similar support will be required for small-scale enterprise development in the urban informal sector. The policy environment should be one which facilitates development of this sector, recognises the linkages between the formal and informal sector, and considers the impact of investment and trade policies in relation to both. Experience with small-scale enterprise promotion programmes has not been universally successful, but is more likely to be so where credit facilities are made available with some technical and advisory back-up support and without stringent collateral regulations. Direct support through strategies such as local tendering to small producers/producer groups for state sector purchases (such as school uniforms, etc.) may also be effective in guaranteeing markets.

13.8 Education, Empowerment and Human Resources Development

The Government of Namibia has already recognised the critical need to develop policies which will transform the inequitable and inappropriate features of the inherited educational system and the limited access to knowledge and information generally. Whilst intended outcomes have been identified, major policy initiatives have yet to be formulated. In respect of basic formal and non-formal education, the following constitute the most critical issues:

a. The need to ensure greater equity in the distribution of educational resources and services implies both the full desegregation of existing facilities, and the creation of new facilities in a number of areas, particularly northern Namibia. Construction of schools and teachers' houses may be facilitated by labour and in-kind contributions made by parents associations and the wider community.

b. Improvement of the school environment (maintenance and upgrading) and turning it into a community-linked 'resource centre', including the utilisation of participatory planning mechanisms with the community (e.g. Parent/Teacher Associations).

c. Whilst improved access to education may also be pursued by the removal or reduction of fees and associated expenses, and by provision of food supplements particularly to day-students, there are a number of other factors which affect access, which have been discussed in Chapter 8. Greater understanding of both parents' and pupils' perception of education is necessary in this context, as is social mobilisation for promoting awareness in respect of the education of girls. In addition, there is need for a particular focus on the needs of young children - especially those at boarding schools and those who lack "school readiness" - during the first years of primary education.

d. Curriculum development is central to improving the educational system, and should be based upon the recognised needs of both the rural and urban populations in respect of basic life and income earning skills. At both secondary and tertiary levels, there is considerable room for expansion of the curriculum into more practically-orientated vocational and technical education and training. Whilst teachers have an important role to play in curriculum development, it is equally necessary to ensure that in-service teacher training programmes are developed which will fairly rapidly train teachers in new techniques, media and syllabi.

e. In combination, all of the above should contribute to improved learning outcomes, and

reduce the number of drop-outs and repeaters. For many, however, the implementation of non-formal education programmes, based on adult education techniques, appropriate learning materials and an orientation to vocational and practical (including literacy and numeracy) skills, and linked to formal educational institutions, will continue to be the priority. As a large proportion of participants in these programmes will be women and girls, specific identification of and response to their training needs should be incorporated.

f. The expansion of access to pre-school facilities, particularly for mothers working well away from home, will be a pre-requisite for the attainment of CSPD goals. In a situation of limited resources, priority should be given to extending services to reach children at the highest risk of physical, nutritional and developmental deficiencies. Health, nutrition and basic life skills should all be incorporated in pre-school programmes, and linked directly with in-school activities such as feeding and growth monitoring. Appropriate training for pre-school teachers, and trainers, will be required, backed up by the provision of play materials and equipment, as well as a teachers' Resource Centre. Through awareness campaigns and mechanisms such as parent/teachers associations, parental and community involvement in all pre-school activities (including construction) may be promoted. Where scattered rural populations make it difficult to establish community-based facilities, attention should be paid to promoting households' ability to provide adequate child care and stimulation, e.g. through short-course group training for mothers.

g. Linked to much of the above, but specifically taking into account the extent of weakening of family structure and organisation in many parts of Namibia, resulting from historical factors such as military occupation, land alienation and labour migration, the need exists for specific promotion of family life and welfare through civic education programmes. These would focus on providing information to families, including single mothers and women *de facto* family heads, on methods of household organisation; civic rights and services available; ways of coping and organising to cope with problems such as child truancy, needs for child care for working mothers, alcoholism and domestic violence; and how to gain access to municipality and community-level supportive, protective and rehabilitative services. There would be a strong role for national NGOs, including churches, in these efforts, as well as for urban local authorities. The promotion of such programmes would not, however, obviate the need for addressing or redressing the more fundamental factors provoking erosion of family organisation over time in Namibia.

13.9 Water and Sanitation

The provision of increased quantities of accessible protected water supplies is clearly a priority throughout the rural areas of Namibia. The sustainability of water development programmes is a critical issue, however, demanding both the utilisation of appropriate technologies and the simultaneous establishment of an appropriate community-based maintenance system, with relevant technical back-up at the necessary levels. Components of a water development programme might therefore include the following:

- mapping of existing water sources, and surveys of water usage for different types of activities, in order to identify priority areas for intervention;

- the upgrading of existing water delivery systems, and piloting of various borehole and deep well technologies, as well as other low cost community and household initiatives for rainwater (and floodwater) catchment and storage techniques, and where successful, implementation to provide adequate safe water supplies;

- development and implementation of prototype headworks, where appropriate, such as washing slabs, cattle troughs and soakaways, together with the promotion of community or household based small-scale nutrition gardens, where water yield is sufficient;

- development and implementation of effective community based systems, involving users (and particularly women) in planning, management (including environmental protection) and maintenance at and around the water points;

- development and utilisation of appropriate training programmes and materials for water point users, local water committees and regional/district level technical staff;

The provision of adequate sanitation facilities is another area requiring intervention, primarily in rural areas, but also in the peri-urban areas, in respect of upgrading existing facilities. In the rural areas, sanitation promotion programmes may be effectively linked to water development programmes, and may involve the following activities:

- piloting of appropriate improved pit latrine technologies and implementation of those found to be successful, incorporated within a community based contributory building and training programme;

- construction of demonstration latrines at water points and their adaptation for institutional use, at schools and clinics, for example;

For both water development and sanitation promotion programmes, the need to include effective health education and training is crucial for the stimulation of demand and to ensure the take-up of hygienic practices. The development and regular measurement of health impact indicators, involving community based monitoring and evaluation, could be linked to such health education programmes.

13.10 Health

In common with the educational sector, much has already been done by the new Government in identifying the central needs for re-organising and re-orientating the health sector to facilitate the adoption of the Primary Health Care approach. In this section, the focus is again primarily on those policy issues which are of priority for the health and wellbeing of women and children.

One of the most urgent needs is to mobilise and assist communities and households to become far more involved in and knowledgeable about strategies through which they may safeguard

and promote their own health and wellbeing. In particular, there is a need for greater "empowerment" of mothers in extending their health knowledge on such key issues as nutrition, hygiene, birth control and AIDS using basic messages covered in the "Facts of Life" series. In order to avoid perpetuating the traditional perception of health as predominantly a "women's" or "mothers' issue", however, (perhaps different) health education messages may also be targeted at men, raising awareness that health is in fact an issue for the whole community to understand and be involved in.

At a broad level, the extension of health care knowledge can be effected through inter-ministerial channels (especially the Ministries of Information, Health and Education), including pamphlets, the radio, loud speaker campaigns etc. At a more direct local level, churches and Community Health Workers (CHWs) could play a major role in bridging the information gap between community members and formal health care delivery systems. Although efforts to promote a comprehensive network of CHWs might be constrained by the scattered distribution of rural communities, their functions are potentially highly suited to the burgeoning peri-urban areas. CHWs similarly, have the potential to link with Parent/ Teacher Associations (once these are strengthened) in forming school-community linkages, as the basis for extensive community mobilisation. In order to create a more effective basis for a CHW network including backup support, it is evident that existing primary-level health workers will need to undergo in-service training and reorientation.

The extent of the PHC approach need not be limited to preventative health, as there is considerable scope for community-based rehabilitation strategies for the most severely deprived. Based on grounds of suitability and affordability, and in contrast to institution-based approaches, community-based strategies could prove invaluable in addressing such issues as alcoholism and "street children", and assisting groups such as possible future "AIDS orphans", the victims of post-war traumatic stress, and victims of domestic violence, to mention but a few.

Among other issues of importance in enhancing PHC are the following:

a. The strengthening of the focus on and the improvement of access to maternal and child care services, which would include:

- the provision of clinic and health centre based ante natal care services;

- the sustained and continued expansion of programmes of immunisation against the major preventable diseases;

- the promotion of community based growth monitoring and nutritional surveillance programmes, which may be effectively linked to nutrition education programmes and local level early warning systems;

- the promotion of other "safe motherhood" initiatives.

b. Conducting Knowledge, Attitudes and Practices (KAP) Surveys in respect of a variety of health issues, but most importantly, in respect of child spacing, in order to develop and promote an appropriate national family planning campaign.

c. Carrying out on-going research into the linkages between household food security, childhood malnutrition and the health status of children, in order to clarify current "contradictions" in the data as highlighted in Chapter 7.

d. The strengthening of national education and control programmes against major infectious and communicable diseases such as diarrhoea, ARI, malaria, tuberculosis and AIDS, as well as public education against the dangers and effects of alcoholism;

e. The development of an appropriate national health information system, with data collected and analysed as part of on-going health status monitoring programmes. At community level, growth monitoring may provide the most effective entry point.

f. Given the great heterogeneity of communities, there is a need, at least in the medium term, for strong regional-level strategic planning for integrated health, water and environmental sanitation programmes, which will link districts and communities in order to maximise human and physical resources.

g. All the above imply the need for considerable development and coverage of health education and training programmes not only at the level of the community, but just as importantly, for all levels of health personnel. Extensive training will be required for the orientation of all personnel towards the PHC approach, and for the development of both technical and managerial skills, particularly at regional and district level, if initiatives at the community level are to be effectively introduced and supported. In addition, material and equipment support, particularly in respect of transport and communications, is required for the effective implementation and supervision of PHC outreach activities.

13.11 Fiscal and Participatory Considerations

With the assumption of a basically constant Government revenue position in real terms (net of foreign aid), there appears little room for further shifts in expenditure between sectors in order to further CSPD-related Goals. As we have seen, the major Ministries dealing with Education and Health received a reasonably high share of the first post-Independence budget, assisted by reductions in the allocations to defence. Whilst this will hopefully be retained and even enhanced, it is clear that pressure on Government resources will also emerge or increase from other quarters: the importance of hitherto-neglected activities such as Government capital investment (not necessarily by "capital-intensive" means), spending on research in support of family agriculture and other longer-term activities to raise household incomes, and on employment-creation in the shorter term.

Additionally, as discussed in Chapter 11, considerable numbers of people (including the landless, many of the elderly, former combatants, etc) subsist in extremely disadvantaged positions and severe poverty, and provide a further legitimate and probably growing call on resources, directed in a targeted manner. Transfer payments through pensions and other welfare-oriented grants, which account for about 4% of the national budget, need to be maintained as a vital safety-net, and increasing them in real terms would almost certainly be an effective way to reduce poverty in the short term. Meanwhile, lowering or abolition of consumption (sales) tax on essential food and domestic items, which take up a large

proportion of the expenditure of very low-income households, would also contribute, where feasible, to a poverty-reduction strategy.

Given these calls on resources - and whilst pursuing revenue-enhancing strategies such as SACUA negotiations, foreign budgetary support, possible increase of consumption tax rates on 'luxury' and socially-harmful goods (tobacco, spirit alcohol), offshore fishing concessions and negotiations with South Africa on responsibility for its legacy of debt to Namibia - it would seem that the major scope for further re-direction of public resources to CSPD-related Goals will need to come from re-prioritisation of spending within sectors.

Such re-prioritisation would need to address not only shifts in favour of community/preventative health services (which at present receive about 45% of the health sector budget, not including social services), but especially the position where some 41% of total Government spending is on salaries and related benefits, and almost 68% of education spending is taken up with these items (1990/91 budget). Whilst indications have been given of possible overall reductions in public service numbers, the main feasible option appears to be a gradual reduction in real value of public service remuneration - perhaps linked explicitly to increased allocation to child-related programmes - through annual increases below the prevailing rate of inflation.

Linked to revision of priorities within public sector spending would need to be a greater emphasis on evaluating and raising the efficiency of spending in terms of outcome targets, and an effective increase in private sector and particularly community-level participation in CSPD-related programmes. This is essential not only from a resource-generation point of view, but in the interests of achieving relevant, popularly-based development paths that address need as felt by the beneficiaries rather than the programme designers. Participatory approaches may prove more cost-effective than "top-down" ones, but this is not their primary justification: this lies rather in their potential to **meet vital Goals on a sustainable basis, whilst simultaneously broadening human skills and experience**. The difficulty faced by Namibia at this stage of its development, however, is the significant shortage of people, among national NGOs and in the public service, with experience in encouraging and supporting such community-based participatory approaches.

13.12 Conclusion

In summary, Namibia appears to face a task similar to that of Botswana: of using investible surpluses derived from capital-intensive, semi-enclave industries (mining and to some extent offshore fishing) to improve basic services and create or enhance basic livelihoods for the majority of the population, which does not have direct economic connection with these "centres of revenue" (development aid provides an additional resource for these purposes). How rapidly these enhancements and improvements can be made, and how efficiently in terms of achieving better outcomes in the major indicators of Child Survival, Protection and Development, are central questions for a human-focused development strategy.

The Government of Namibia has, in its first year of office, shown a clear and considerable commitment to the pursuit of such a strategy. Major and complex challenges face it, however, in transforming an inherited position of neglect and non-participatory, unequal 'development' to one of community, human and child-focused development based on the

contributions, broad participation and true priority needs of Namibia's people.

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Annex 1 : Goals for Children and Development in the 1990s

The following goals have been formulated through extensive consultations in various international forums attended by virtually all Governments, the relevant United Nations agencies including the World Health Organisation (WHO), UNICEF, the United Nations Population Fund (UNFPA), the United Nations Educational, Scientific and Cultural Organisation (UNESCO), the United Nations Development Programme (UNDP) and the International Bank for Reconstruction and Development (IBRD) and a large number of NGOs. These goals are recommended for implementation by all countries where they are applicable, with appropriate adaptation to the specific situation of each country in terms of phasing, standards, priorities and availability of resources, with respect for cultural, religious and social traditions. Additional goals that are particularly relevant to a country's specific situation should be added in its national plan of action.

I. MAJOR GOALS FOR CHILD SURVIVAL, DEVELOPMENT AND PROTECTION

(a) Between 1990 and the year 2000, reduction of infant and under-5 child mortality rate by one third or to 50 and 70 per 1,000 live births respectively, whichever is less;

(b) Between 1990 and the year 2000, reduction of maternal mortality rate by half;

(c) Between 1990 and the year 2000, reduction of severe and moderate malnutrition among under-5 children by half;

(d) Universal access to safe drinking water and to sanitary means of excreta disposal;

(e) By the year 2000, universal access to basic education and completion of primary education by at least 80 per cent of primary school-age children;

(f) Reduction of the adult illiteracy rate (the appropriate age group to be determined in each country) to at least half its 1990 level with emphasis on female literacy;

(g) Improved protection of children in especially difficult circumstances.

II. SUPPORTING/SECTORAL GOALS

A. Women's health and education

(i) Special attention to the health and nutrition of the female child and to pregnant and lactating women;

(ii) Access by all couples to information and services to prevent pregnancies that are too early, too closely spaced, too late or too many;

(iii) Access by all pregnant women to pre-natal care, trained attendants during childbirth and referral facilities for high-risk pregnancies and obstetric emergencies;

(iv) Universal access to primary education with special emphasis for girls and accelerated literacy programmes for women.

B. Nutrition

(i) Reduction in severe, as well as moderate, malnutrition among under-5 children by half of 1990 levels;

(ii) Reduction of the rate of low birth weight (2.5 kg or less) to less than 10 per cent;

(iii) Reduction of iron deficiency anaemia in women by one third of the 1990 levels;

(iv) Virtual elimination of iodine deficiency disorders;

(v) Virtual elimination of vitamin A deficiency and its consequences, including blindness;

(vi) Empowerment of all women to breast-feed their children exclusively for four to six months and to continue breast-feeding, with complementary food, well into the second year;

(vii) Growth promotion and its regular monitoring to be institutionalised in all countries by the end of the 1990s;

(viii) Dissemination of knowledge and supporting services to increase food production to ensure household food security;

C. Child health

(i) Global eradication of poliomyelitis by the year 2000;

(ii) Elimination of neonatal tetanus by 1995;

(iii) Reduction by 95 per cent in measles deaths and reduction by 90 per cent of measles cases compared to pre-immunisation levels by 1995; as a major step to the global eradication of measles in the longer run;

(iv) Maintenance of a high level of immunisation coverage (at least 90 per cent of children under one year of age by the year 2000) against diphtheria, pertussis, tetanus, measles, poliomyelitis, tuberculosis and against tetanus for women of child-bearing age;

(v) Reduction by 50 per cent in the deaths due to diarrhoea in children under the age of five years and 25 per cent reduction in the diarrhoea incidence rate;

(vi) Reduction by one third in the deaths due to acute respiratory infections in

children under five years.

D. Water and sanitation

(i) Universal access to safe drinking water;

(ii) Universal access to sanitary means of excreta disposal;

(iii) Elimination of guinea-worm disease (dracunculiasis) by the year 2000.

E. Basic education

(i) Expansion of early childhood development activities, including appropriate low-cost family- and community-based interventions;

(ii) Universal access to basic education, and achievement of primary education by at least 80 per cent of school-age children through formal schooling or non-formal education of comparable learning standard, with emphasis on reducing the current disparities between boys and girls;

(iii) Reduction of the adult illiteracy rate (the appropriate age group to be determined in each country) to at least half its 1990 level, with emphasis on female literacy;

(iv) Increased acquisition by individuals and families of the knowledge, skills and values required for better living, made available through all educational channels, including the mass media, other forms of modern and traditional communication and social action, with effectiveness measured in terms of behavioural change.

F. Children in difficult circumstances

Provide improved protection of children in especially difficult circumstances and tackle the root causes leading to such situations.

Annex 2 : Extracts from the Constitution of the Republic of Namibia

Article 15. Children's Rights

(1) Children shall have the right from birth to a name, the right to acquire a nationality and, subject to legislation enacted in the best interests of children, as far as possible the right to know and be cared for by their parents.

(2) Children are entitled to be protected from economic exploitation and shall not be employed in or required to perform work that is likely to be hazardous or to interfere with their education, or to be harmful to their health or physical, mental, spiritual, moral or social development. For the purposes of this Sub-Article children shall be persons under the age of sixteen (16) years.

(3) No children under the age of fourteen (14) years shall be employed to work in any factory or mine, save under conditions and circumstances regulated by Act of Parliament. Nothing in this Sub-Article shall be construed as derogating in any way from Sub-Article (2) hereof.

(4) Any arrangement or scheme employed on any farm or other undertaking, the object or effect of which is to compel the minor children of an employee to work for or in the interest of the employer of such employee, shall for the purposes of Article 9 hereof be deemed to constitute an arrangement or scheme to compel the performance of forced labour.

(5) No law authorising preventive detention shall permit children under the age of sixteen (16) years to be detained.

Article 23. Apartheid and Affirmative Action

(1) The practice of racial discrimination and the practice and ideology of apartheid from which the majority of the people of Namibia have suffered for so long shall be prohibited and by Act of Parliament such practices, and the propagation of such practices, may be rendered criminally punishable by the ordinary Courts by means of such punishment as Parliament deems necessary for the purposes of expressing the revulsion of the Namibian people at such practices.

(2) Nothing contained in Article 10 hereof shall prevent Parliament from enacting legislation providing directly or indirectly for the advancement of persons within Namibia who have been socially, economically or educationally disadvantaged by past discriminatory laws or practices, or for the implementation of policies and programmes aimed at redressing social, economic or educational imbalances in the Namibian society arising out of past discriminatory laws or practices, or for achieving a balanced structuring of the public service, the police force, the defence force, and the prison service.

(3) In the enactment of legislation and the application of any policies and practices contemplated by Sub-Article (2) hereof, it shall be permissible to have regard to the fact that women in Namibia have traditionally suffered special discrimination and that they need to be encouraged and enabled to play a full, equal and effective role in the political, social, economic and cultural life of the nation.

Article 95. Promotion of the Welfare of the People

The State shall actively promote and maintain the welfare of the people by adopting, inter alia, policies aimed at the following:

(a) the enactment of legislation to ensure equality of opportunity for women, to enable them to participate 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 appropriate legislation, to provide maternity and related benefits for women;

(b) the enactment of legislation to ensure that the health and strength of workers, men and women, and the tender age of children are not abused and that citizens are not forced by economic necessity to enter vocations unsuited to their age and strength;

(c) the active encouragement of the formation of independent trade unions to protect workers' rights and interests, and to promote sound labour relations and fair employment practices;

(d) to become a member of the International Labour Organisation (ILO) and, where possible, to adhere to and act in accordance with the international Conventions and Recommendations of the ILO;

(e) to ensure that every citizen has a right to fair and reasonable access to public facilities and services in accordance with the law;

(f) to ensure that senior citizens are entitled to and do receive a regular pension adequate for the maintenance of a decent standard of living and the enjoyment of social and cultural opportunities;

(g) the enactment of legislation to ensure that the unemployed, the incapacitated, the indigent and the disadvantaged are accorded such social benefits and amenities as are determined by Parliament to be just and affordable given the resources of the State;

(h) that the legal system seeks to promote justice on the basis of equal opportunity by providing free legal aid in defined cases with due regard to the resources of the State;

(i) that the Government that workers are paid a living wage adequate for the maintenance of a decent standard of living and the enjoyment of social and cultural opportunities;

(j) that consistent planning is undertaken to raise and maintain an acceptable level of nutrition and the standard of living of the Namibian people and the improvement of public health;

(k) that the mass of the population through education and other activities and through their organisations are encouraged to influence Government policy by debating such decisions;

(l) that the ecosystems, essential ecological processes and biological diversity of Namibia are maintained and living natural resources are utilised on a sustainable basis for the benefit of all Namibians, both present and future; in particular the Government shall provide measures against the dumping or recycling of foreign nuclear and toxic waste on Namibian territory.