

REALISATION OF THE RIGHT TO ADEQUATE HOUSING FOR PEOPLE LIVING WITH HIV/AIDS IN NAMIBIA



LEGAL ASSISTANCE CENTRE

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Abbreviations

AIDS	Acquired Immuno-Deficiency Syndrome
AMICALL	Alliance for Mayors and Municipal Leaders on HIV/AIDS in Africa
ARVs	Anti-Retroviral Drugs
CEO	Chief Executive Officer
COW	City of Windhoek
GDP	Gross Domestic Product
HIV	Human Immuno-deficiency Virus
HOPWA	Housing Opportunities for People Living with AIDS
ICES	International Covenant on Economic, Social and Cultural Rights
KCR	Katutura Community Radio
LAC	Legal Assistance Centre
NAPWA	National Association for People Living with HIV/AIDS
NHAG	National Housing Action Group
NHE	National Housing Enterprise
NGO	Non-Governmental Organisation
PEPFAR	President's Emergency Plan for AIDS Relief
SPSS	Statistical Package for Social Science
UDHR	United Declaration on Human Rights

Acknowledgements

It takes a loving heart to care and extend a hand of help to those who are weak and vulnerable. It might appear from the onset that this research is not a direct benefit for those who are infected and affected by HIV/AIDS and are desperate for proper shelter and which is very important, not only for security and safety reason but also to enhance dignity of the people.

This research is very critical and important for People Living with HIV/AIDS as it will help to better inform decision makers and relevant stakeholders about the needs and vulnerability of People Living with HIV/AIDS.

It is against this background that the AIDS Law Unit wishes to take this opportunity to recognize critical contribution made by various stakeholders in this research. Without their contribution in their own unique ways, this research would not have seen the light of the day.

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Executive Summary

Namibia is among the top ten Sub-Saharan African countries that have a high HIV/AIDS prevalence. In response to this, the government has introduced and enacted policies that protect and uphold the rights of people living with HIV/AIDS. However, to date, the government has not enacted a policy that guarantees the right to adequate housing for people living with HIV/AIDS.

This does not imply that the Namibian government does not have housing policies. In fact, the government has enacted housing policies since independence which have made provision for the introduction of national housing schemes that caters for low and middle income groups such as the National Housing Enterprise (NHE) and the Build Together Project. These housing schemes have provided housing for thousands of Namibians who do not have access to housing loans offered by various financial institutions owing to their income levels.

The Namibian constitution, which is the country's supreme law, also makes provision for housing rights through socio-economic rights which underscores adequate housing as a prerequisite for satisfactory standards of living. The Namibian government policies on housing are in line with international instruments to which Namibia is a signatory. Some of the international instruments which guarantee adequate housing rights and which have informed Namibian policy agenda on housing include:

- 🏠 Universal Declaration on Human Rights
- 🏠 International Covenant on Economic, Social and Cultural Rights
- 🏠 The Istanbul Declaration of 1996
- 🏠 Declaration on Cities and Other Human Settlements in the New Millennium.

In addition, these international instruments have certain standards of what adequate housing entails. Thus in order for a house to be referred to as adequate, it must meet the following standards:

- 🏠 Security of tenure
- 🏠 Availability of adequate services, materials and infrastructure,
- 🏠 Affordability
- 🏠 Habitability
- 🏠 Accessibility
- 🏠 Location
- 🏠 Culturally adequate

The need for housing for people living with HIV/AIDS stems from the fact that there is an undeniable link between poverty and HIV/AIDS. This is based on the premise that poor people have a tendency to engage in risk taking behavior for survival. For instance, poverty pushes women into commercial sex. This in turn exposes them to Sexually Transmitted Diseases (STDs) and HIV/AIDS. It also contributes to women's inability to get out of sexually abusive relationship due to lack of economic or financial power. In addition, studies have shown that HIV/AIDS can push families into poverty due to increased medical expenses associated with the disease and loss of income due to long periods of illness. Thus for any HIV/AIDS preventative campaign or treatment to be effective, the basic cause, poverty, needs to be addressed.

Responses from the various stakeholders interviewed revealed that none of them provide housing for people living with HIV/AIDS. Both Ministry of Local Government and Housing and the Ministry of Health and Social Welfare have no policy on the provision of housing for people living with HIV/AIDS. In addition, some of the responses revealed that provision of housing for people living with HIV/AIDS is not a priority, despite high prevalence rates experienced in the country coupled with acerbating poverty levels. Further, the idea of providing housing for people living with HIV/AIDS is not supported as some people felt that HIV/AIDS should be treated

like any other chronic disease such as diabetes and that such special treatment for people living with HIV/AIDS will contribute to stigmatization.

Despite the lack of commitment of different stakeholders on the provision of housing for people living with HIV/AIDS, this study reinforced the findings of previous studies on the living conditions of people living with HIV/AIDS. It revealed that the majority of people living with HIV/AIDS do not live in proper housing with basic amenities. This is based on the fact that most of the houses that the respondents live in do not meet the international standards which qualify a house to be adequate. Most of the people interviewed live in corrugated houses made from Iron Zinc whilst others live in shacks made from cardboard. Most of them are unemployed and struggle to make ends meet on the low income. Those who were employed lost their jobs due to discrimination based on their HIV status and others due to fatigue and periodic hospitalization caused by HIV related illness. These people struggled because of the underlying factor of poverty due to lack of income.

One way of addressing the issue of poverty is by ensuring that the socio-economic rights of the people are realized. This simply means that people's basic needs such as nutrition, housing and basic services are met. Adequate housing provision is important for people living with HIV/AIDS because studies have revealed that these people need housing assistance at some stage of their illness. Furthermore, the lack of adequate housing, food and clean water undermines treatment and delays recovery when people get sick. Lack of adequate housing can compromise the ability of people to have access to basic services such as water and sanitation. Furthermore, inadequate housing increases the susceptibility of people living with HIV/AIDS to opportunistic infections due to exposure to bad weather conditions and overcrowding. In addition, inadequate housing can force people to engage in behavior that makes them more vulnerable to HIV/AIDS.

Introduction

Namibia is among the top ten Sub-Saharan African countries that have a high HIV/AIDS prevalence in the world. This has resulted in the government's classification of the pandemic as a matter of national concern that mostly affects the economically active group of the population. To this end, there have been various preventative campaigns from both the government and HIV/AIDS service non governmental organisations. Government has gone a step further by ensuring that HIV drugs and medicines are made available in hospitals all over the country. Further, HIV related policies have been enacted to protect HIV infected people against discrimination and stigmatization. Despite all these efforts, people living with HIV/AIDS are faced with a lot of challenges, especially those who are poor due to lack of jobs and other socio-economic factors. One of the main challenges facing poor people who are living with HIV/AIDS is inadequate housing or shelter. Lack of affordable housing is a big problem that affects a growing number of people living with HIV/AIDS, the majority of whom are living in unsanitary environments. Adequate shelter or housing is important for people living with HIV/AIDS because the absence of shelter or adequate housing can lead to unnecessary illnesses and premature death.

Poor living conditions, including overcrowding and homelessness undermine safety, privacy and efforts to promote self-respect, human dignity and responsible sexual behavior. Furthermore, studies have found that housing may address not only the need for shelter but have real significant continuing effect on an individual's health (National Housing Coalition 2005). In fact, this challenge is not only restricted to people living with HIV/AIDS, but affects all poor people in Namibia. This makes poor societies more vulnerable to HIV/AIDS. In addition, lack of food, clean water, and adequate housing also undermine treatment and hampers recovery when people get sick. In such a situation, even the best medical care has little impact if people are too hungry to take their medication or are living in shacks where they are exposed to bad weather conditions. Furthermore, lack of or inadequate housing is one of the biggest risks to adherence to treatment and care of people living with HIV/AIDS (continuous care programmes for people living with HIV/AIDS). This simply means that people who are struggling with housing are likely to be in and out of care.

Objective of the study

The main objective of the study was to look at the provision of adequate housing for people living with HIV/AIDS in Namibia. Specifically, the study aimed to:

- Assess the provision of housing within the legal framework
- Assess the provision of housing for people living with HIV/AIDS within the Namibian legal framework
- Identify international and national guidelines on provision of housing for people living with HIV/AIDS
- Examine the different national housing schemes available for low income and vulnerable groups in Namibia
- Reveal government responses to provision of housing for people living with HIV/AIDS
- Examine the link between poverty and HIV/AIDS
- Examine the link between inadequate housing and HIV/AIDS
- Reveal the living conditions of people living with HIV/AIDS, especially with regards to access to adequate housing and housing conditions

Research Methods

The study used qualitative research methods because it involved documenting real events; recording what people say through interviews; and studying already existing literature (Neuman 2006). Qualitative data was collected in the form of text, written words, phrases, or symbols describing or representing people, actions, and events in social life (loc. cit). The qualitative method is more relevant to this study because the study

aimed to describe the phenomena under investigation using the relevant international and national frameworks available. In this context, in-depth interviews were used to collect information and document case studies that revealed the experiences of people living with HIV/AIDS regarding housing as well as the assessment of the contribution of the different housing initiatives in the provision of adequate housing in Namibia. Face to face interviews were also used to allow for a one hundred per cent response rate on the questionnaires and also in-depth focused group discussions. In addition, a highly structured questionnaire was administered to people living with HIV/ AIDS to collect data that validated the qualitative case studies.

Sample and sampling methods

Rather than focussing on a representative sample as required in a quantitative study, this study's sampling relied on collecting specific events, or actions that clarified and deepened the understanding of the issue under investigation (Nueman 2006). Thus the sample of this study was drawn from cases that contributed effectively to this study. According to Neuman (2006), sampling in qualitative research is based on relevance of the sample group to the research topic (issue) rather than on representativeness. For the purposes of this study, purposive sampling method was used in selecting the sample. Purposive sampling method allows the researcher to get all the possible cases that fit a particular criteria, using various methods. Neuman (2006), states that purposive sampling is used in exploratory research and relies on the judgement of an expert in selecting cases or it selects cases with a specific purpose in mind. Purposive sampling is also suitable to selecting unique cases that are especially informative (loc. cit). Thus this type of sampling method is appropriate to this study as participants were selected based on their organisations role in provision of housing, (working with HIV/AIDS), and their HIV status.

Accordingly, the sample consisted of seven (7) different stakeholders from the following organisations and government Ministries:

- Ministry of Health and Social Welfare
- Ministry of Regional Government and Housing
- National Housing Enterprise
- City of Windhoek
- Lironga Eparu
- AIDS Care Trust
- Catholic AIDS Action
- Alliance of Mayors and Municipalities on HIV/AIDS in Africa

In addition, 30 people living with HIV/AIDS were interviewed.

Data analysis

Two types of analysis were used in this study. Quantitative data was collected using a highly structured questionnaire which was analysed using Statistical Package for Social Sciences (SPSS). Qualitative data was analysed using narrative analysis. Narrative analysis is a type of qualitative data analysis which is "both a type of historical writing that tells a story and a type of qualitative data analysis that presents a chronologically linked chain of events in which individual or collective social actors have an important role" (Nueman 2006: 474).

Research Ethics

Due to the nature of the research topic, maintaining the confidentiality of the respondents who are living with HIV/AIDS was a top priority. This was achieved by using pseudo names for the case studies and not recording the names of the respondents on the questionnaires.

Literature review

Background on the HIV/AIDS situation in Namibia

Namibia ranks among the top ten Sub-Saharan African countries which are highly affected by HIV/AIDS in the world. Current prevalence rate stands at 19.9% among the socially and economically productive groups aged 15 – 49 years (Ministry of Health and Social Services Sentinel Survey 2006). This means that one in every five Namibians within this age group is infected with HIV. By the end of 2003, there were 210 000 estimated Namibians living with HIV/AIDS (The Henry J Kaiser Family Foundation 2005). HIV/AIDS is the leading cause of death among the adult and children population in Namibia. In the same year, an estimated 16 000 people died of HIV/AIDS (loc. cit). Despite the decline in prevalence rates experienced, HIV/AIDS still poses numerous challenges for the country. The extent of the effect of the HIV/AIDS pandemic can be observed by the reduction in the life expectancy of Namibians from 58.8 years in 1995 to 43 years by 2000 and projected at 39 years by 2008. According to Cohen (undated), the levels of life expectancy that many Sub-Saharan African (SSA) countries (Namibia included) are experiencing is similar to the life expectancy experienced 50 years ago. He further points out that despite having an overall reduction in life expectancy, this phenomenon affects people living in poverty more as many of them tend to die from HIV related diseases. The high HIV/AIDS prevalence rate is not because of lack of information and knowledge amongst Namibian people. This assertion is based on the fact that several studies have revealed that there is a high general awareness of HIV/AIDS in Namibia.

When costs associated with the rapidly increasing burden of medical care are added to the cost of years of productive economic life forgone, the financial burden of the pandemic is staggering. It is estimated that indirect costs of the pandemic to the direct costs of medical care meant a loss of over N\$ 8 billion to the Namibian economy by the year 2001, which is equivalent to 20% of GDP. According to the epidemiology report, a higher number of women than men were diagnosed with HIV/AIDS. In 2000, women accounted for 56 % of all reported new HIV/AIDS cases and were also diagnosed at an earlier age than men. It is evident from the reports that HIV/AIDS in Namibia is on the increase as is the number of deaths associated with HIV/AIDS. Statistics show that HIV/AIDS is a major challenge which requires a holistic approach which will not only deal with prevention, but also with provision of adequate and affordable services for people living with and affected by HIV/AIDS. Furthermore, dealing with HIV/AIDS requires a human rights based approach because of the nature of the pandemic.

The Legal Assistance Centre (LAC) has argued that there is an undeniable link between health and human rights based on two reasons. The first reason is that the promotion and protection of human rights plays a critical role on the impact of HIV/AIDS on a society and on the vulnerability of people to HIV infection (loc.cit). Thus food, clean water, and decent housing which are requirements for health and well being of people are basic human rights. Secondly, people living with HIV/AIDS face discrimination and stigma on a daily basis both at home and at work. Their fundamental right to freedom from discrimination and equality is constantly violated. It is against this background that some institutions have adopted a human rights approach to HIV/AIDS.

The LAC's argument is supported by the National Association for People Living with HIV/AIDS (NAPWA) declaration. NAPWA's declaration argued that human rights are fundamental to the response to HIV, for three reasons: **ethical**, because all human beings have a right to health, to life and all other human rights; **legal**, because to implement the International Declaration on Human Rights and many other international and national laws and guidelines on human rights; and **pragmatic**, because it is beyond doubt that a human rights based response, which empowers whole communities to avoid infection, and which treats those with HIV with respect and inclusion and aims to properly manage their health, is significantly more effective in reducing the spread of HIV than a response of silence, discrimination or exclusion¹.

¹ NAPWA declaration of Rights for People Living with HIV/AIDS. November 2005. NAPWA is a non profit membership organization that advocates on behalf of people living with HIV/AIDS in order to end the pandemic and the human suffering caused by HIV/AIDS. NAPWA was founded in 1983 by members of the patient advisory committee of the second National Aids Forum. The committee members came from all over the United States of America. Today, NAPWA is network of members from all over the world.

The link between Socio-economic rights and Housing rights

There are various international treaties that deal with socio-economic rights. Of relevance to this paper, are the International Covenant on Economic, Social and Cultural Rights; the United Declaration on Human Rights; the Istanbul Declaration of 1996 and the Declaration of Cities and other Human Settlements in the New Millennium. These international treaties and covenants promote an adequate standard of living which includes adequate housing.

1. The International Covenant on Economic Social and Cultural Rights (Namibia ratified the covenant on the 28th November 1994)

Article 11 states that *“state parties to the present Covenant recognize the right of everyone to an adequate standard of living for himself and his family, including adequate food, clothing and housing, and to the continuous improvement of living conditions. The state parties will take appropriate steps to ensure the realization of this right, recognizing to this effect the essential importance of international co-operation based on free consent”*. (LAC 2005)

2. The Universal Declaration of Human Rights

Article 25 (1) states that *“everyone has a right to an adequate standard of living of the health and well being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control”*.

The UDHR is a list of basic rights that the international community agreed was “Inherent” and “equal” for all human beings. The UDHR was signed on the 10th December 1948. However, the UDHR is not a binding document. Thus countries that have signed it cannot be held legally responsible if they break their promise to protect and preserve human rights and freedoms. (www.unac.org/rights/actguide/udhr.html)

3. The Istanbul Declaration of 1996

The declaration states *“that everyone should have adequate shelter that is healthy, safe, secure, accessible and affordable and that includes basic services, facilities and amenities, and should enjoy freedom from discrimination in housing and legal security of tenure”*.

Namibia is a signatory to the Istanbul Declaration on Human Settlements, 1996 and thus commits itself to the implementation of the Habitat II Agenda and the Global Plan of Action (www.un.org/ga/Istanbul+5/Namibia1.pdf). In 1994, the Ministry of Regional and Local Government and Housing established a National Habitat Committee, represented by all stakeholders active in the housing sector. This committee was established with the sole purpose of preparing a National Plan of Action at the Habitat II Conference in 1996.

4. The Declaration on Cities and other Human Settlements in the New Millennium

The declaration recognises that *“the human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) pandemic has developed in a much faster and much more dramatic way than could have been foreseen at Istanbul. We resolve to intensify efforts at the international and national levels against HIV/AIDS and, in particular, to formulate and implement appropriate policies and actions to address the impact of HIV/AIDS on human settlements. We recognize the problem of accessing financial resources for housing by HIV/AIDS victims and the need for shelter solutions for accommodating HIV/AIDS victims, especially the orphans and the terminally ill”*.

What is adequate housing²

According to international housing laws, in order for housing to be adequate, it must provide more than four walls and a roof over one's head. The following minimum elements should be included:

- **Security of tenure** – Secure tenure protects people against arbitrary forced eviction, harassment and other threats. Most informal settlements and communities lack legal security of tenure. Security of tenure is a key issue for all dwellers, especially women.
- **Adequate services, materials, infrastructure** – Adequate housing requires access to clean and affordable drinking water, energy for cooking, heating and lighting, sanitation and washing facilities, food storage, refuse disposal, site drainage and emergency services. When one or more of these services is not available, the right to adequate housing is not fully realized.
- **Affordability** – The housing affordability principle states that the amount a person or family pays for their housing must not be so high that it threatens or compromises the attainment and satisfaction of other basic needs. Affordability is a major problem throughout the world and a major reason why so many people do not have access to affordable formal housing, and are forced as a result to live in informal settlements.
- **Habitability** – An adequate house must be habitable. This means that inhabitants are ensured of adequate space and protection against the cold, damp, heat, rain, wind or other threats to health or structural hazards.
- **Accessibility** – Housing must be accessible to everyone. Disadvantaged groups such as the elderly, the physically and mentally challenged, people living with HIV/AIDS, victims of natural disasters, children and other groups should be ensured of some degree of priority consideration in housing law and policy to ensure their housing needs are met.
- **Location** – In order for housing to be adequate, it must allow reasonable access to employment options and health care services.
- **Cultural adequate** – This means that housing programmes and policies must take fully into account cultural attributes of housing which allow for the expression of cultural identity and recognizes the cultural diversity of the world's population.

Socio-Economic rights in the Namibian Constitution

The Namibian Constitution provides different rights to its citizens. These rights are divided into two groups. The first group of rights is fundamental rights and freedom which are civil and political rights. The constitution gives eminence to the catalogue of fundamental rights and freedoms and requires that they be respected and upheld by all the organs of the state and enforced by the relevant courts. The second group of rights is economic, social and cultural rights, also referred to as second generation rights in international law. Socio economic rights are those rights that give people access to certain basic things (resources, opportunities and services) needed to lead a dignified life such as food, shelter, health care and social welfare among others. In terms of the Namibian Constitution, socio-economic rights are not entrenched in Chapter 3 or the Bill of Rights. These rights are merely mentioned under Article 95 of the Namibian Constitution and serve as guiding principles for State policy. Socio economic rights under the Namibian Constitution are not justiciable rights and cannot be legally enforceable in a Court of law but only serve as guiding principles for the State. Article 101 of the Namibian Constitution further states that the principles of state policy contained in this chapter shall not by themselves be legally enforceable by any court, but should nevertheless guide the government in making and applying laws to give effect to the fundamental objectives of the said principles. However, the Namibian Government has ratified and domesticated various International Instruments and these instruments advocate for stronger socio-economic rights, such as the right to health and housing. In terms of Article 144 of the Namibian Constitution general rules of public international law and international agreements binding upon Namibia shall form part of the national laws of Namibia. And because these International instruments are automatically integrated into our law, Namibian citizens can approach the courts to enforce their socio economic rights such as the right to housing and health among others.

² www.cohre.org/view_page.php?page_id=2

Article 95 of the Namibian constitution caters for the promotion of the welfare of the Namibian people. Specifically, it states that the state will actively promote and maintain the welfare of the people by adopting policies aimed at achieving welfare for the people. Specific in this regard is subsection 95 (g) and 95(j) which states that the *“ state shall enact 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 with due regard to the resource of the state” and “ that the state shall actively promote and maintain the welfare of the Namibian people by adopting, inter alia, policies aimed at the consistent planning to raise and maintain an acceptable level of nutrition and standard of living of the Namibian people and to improve public health”.*

Article 16 (i) further advocates for a strong right to property. It specifically provides that *“all persons shall have the right in any part of Namibia to acquire, own and dispose of all forms of immovable and movable property individually or in association with others and to bequeath their properties to their heirs or legatees: provided that parliament may by legislation prohibit or regulate as it deems expedient the right to acquire property by persons who are not Namibia citizens”.*

The Namibian constitution has been criticized due to its lack of explicit reference to housing rights. However, both Article 16 and 95 to some extent guarantees all Namibians the right to property, and acceptable level of nutrition and standard of living. The Universal Declaration of Human Rights (UDHR) and the International Covenant on Economic, Social and Cultural Rights (ICES) specify food, clothing and housing as elements of standard of living (Naldi 1995). This means that despite the Namibian constitution not having stated explicitly that Namibians should have access to housing, it does this through its promotion of the right to an acceptable standard of living. Furthermore, the Namibian government has taken steps to ensure that the issue of housing is dealt with by enacting legislation such as the National Housing Enterprise Act 5 of 1993 that led to the establishment of a body corporate that provides housing to the Namibian people (Naldi 1995).

The Namibian government is committed to ensuring that all people living with HIV and their families have access to medical and other services that are affordable, of high quality and responsive to their needs. In this regard, a collaborative effort between government and other stakeholders has been undertaken to address the effects of the pandemic. Furthermore, government and some Non governmental organizations (NGOs) have solicited and facilitated continuous support from national and international communities to address all aspects of the impact of the HIV/AIDS pandemic. In this regard, Namibia receives support for HIV/AIDS from a number of countries such as the United States, United Kingdom, Sweden, Finland, Belgium, France, Spain and the Netherlands. Namibia is one of the 15 focus countries of the United States government's President's Emergency Plan for AIDS Relief (PEPFAR). The current support that Namibia receives from donor agencies raises concern as it can be a source of dependency which can have a devastating effect on Namibia's HIV/AIDS programmes once the donors suspend or eliminate the support. This raises a serious concern with regard to the ability of the government to sustain HIV/AIDS related programmes should such a situation occur.

Housing rights in South Africa

Unlike the Namibian Constitution that does not explicitly guarantee the right to Housing, the South African constitution guarantees this right to all its citizens. Housing rights in the South African Constitution are guaranteed in sections 26 (1 & 3); 28 (1(c)) and 35 (2) (e). Thus the South African state must take reasonable steps to make this right a reality.

- Section 26 (1) guarantees the right to adequate housing for everyone and sub-section (3) the right not to be evicted from your home, or have your home demolished without an order of court made after considering all relevant circumstances. No legislation permits arbitrary evictions.
- Section 28 (1 c) guarantees shelter to every child; and

- Section 35(2)e guarantees the right to adequate accommodation at state expense for everyone who is detained, including every sentenced prisoner.

By way of meeting its constitutional obligations, the South African government enacted a housing Act in 1997. According to Liebenberg and Pillay (2000), the Housing Act of 1997 does the following:

- It repeals discriminatory laws on housing, dissolves all apartheid housing structures and creates a new non-racial system for implementing housing rights in South Africa.
- Defines the roles of national, provincial and local government on housing.
- Commits local government to take reasonable steps to ensure that all inhabitants in its areas have access to adequate housing on a progressive basis.
- Places a duty on the municipalities to set housing delivery goals and identify land for housing development.
- Deals with the basic principles that must guide “housing development” (Liebenberg & Pillay 2000: 198-199).

In addition to the Housing Act, the South African government enacted other policies regarding housing such as;

- a) the extension of the security of tenure rights of 1997;
- b) The prevention of illegal eviction from and the unlawful occupations of land act of 1998;
- c) Housing consumers protection measures Act of 1998;
- d) and The rental housing Act of 2000.

In line with its legislation, the South African government introduced programmes aimed at facilitating and realizing the aspirations stated out in their legislation. These programmes include the housing subsidy scheme; the National housing finance Corporation; the national urban reconstruction and housing agency; and the Servicon housing solutions and mortgage indemnity fund (Liebenberg & Pillay 2000).

Namibian government's housing initiatives

1. Ministry of Regional and Local government and Housing

At independence, housing was identified as one of the four top development priorities by the government along with education and health. This is based on the fact that at independence, the majority of Namibian people, especially those falling in the low and middle income groups could not afford housing due to lack of access to formal financial institutions. It is against this background that cabinet approved a National Housing Policy in July 1991, which is currently under review (loc. cit). In addition, the government introduced the Build Together Programme and enacted legislation which led to the establishment of the National Housing Enterprise (NHE). In 2000, the Ministry enacted the National Housing Development Policy.

According to Mrs. Uilkka (Director of Housing, Habitat Planning & Technical Services Coordination), the main task of her directorate is to provide support to the regional councils and local authorities regarding municipal services which include housing as a structure. In this regard, the government's role in housing is more facilitative rather than direct involvement in the construction of houses. Thus government's role is limited to provision of small loans, technical advice and roof sheet grants through bilateral Japanese aid (www.unesco.org/most/africa5.htm).

The Ministry of Regional and Local Government and Housing ensures that everybody has access to housing through the housing initiatives that the government is involved in. In addition, the ministry ensures that people do not loose their houses by making it compulsory for people to get insurance for their homes. The ministry and the regional councils have an agreement with the insurance companies that everybody who benefits from their housing schemes is insured regardless of their HIV status. Thus in the event of death due to any illness, the outstanding balance on the house is paid off by the insurance company to avoid the family loosing their house.

2. National Housing Enterprise (NHE)

The National Housing Enterprise (NHE) “was created by an Act of parliament to act as an executing agent of the Ministry of Regional and Local Government and Housing in all spheres of low-income housing provision and other related developments” (Cooperative for Housing Provision towards Vision 2030: August 2002). Thus NHE is like any other bank which finances homes. However it differs from commercial banks in the sense that it has a target group. The main beneficiaries of the NHE housing scheme are low to middle income individuals who earn between N\$ 1800 – N\$ 4000 per month. Secondly, NHE charges one per cent below the interest rate charged in commercial banks. The current interest rate is 14.2%. NHE does not directly provide housing subsidy for any group of people. However, the subsidy comes in the form of a lower interest rate charged compared to the commercial bank’s interest rate. NHE works with local authorities by helping them with infrastructure development, particularly serving land.

The most important aspect is that all those who apply should meet the requirements as stipulated by NHE and fall within the targeted income bracket. In addition, some of the requirements for qualification for an NHE loan is an applicant’s employment history or profile (such an applicant needs to have been employed for at least five years with one employer or institution) and a clean credit record. For employees whose employers do not provide collateral, NHE might require that the applicant put down a deposit before the application can be considered positively.

3. The Build Together Programme (does it make provision for people living with HIV/AIDS?)

The Build Together Programme is a self-help programme whereby individuals as beneficiaries are required to construct their houses with the assistance of families or hired builders. The main aim of the Build Together Programme is to provide, or facilitate housing loans to middle and low income families in Namibia. It specifically targets groups that are considered a financial risk by the private sector lending institutions. The Build Together Programme was first implemented during the 1992/93 financial year (Cooperative for Housing Provision towards Vision 2030: August 2002).

Initially, the Ministry was directly involved in the Build Together Programme, however, the programme was decentralised to the regional councils and local authorities. Thus the Ministry’s role has now been reduced to that of facilitating the access to finances by providing subsidies to local authorities so that they do not have to pay back. In addition, the National Housing Development Fund requires regional councils and local authorities to establish housing revolving funds which are used to allocate future loans for housing purposes and as a guarantee for raising funds from the private market (Cooperative for housing provision towards vision 2030: August 2002). Individuals or groups then have to apply for loans to the local authorities and regional councils with certain conditions such as terms of payment and interest rates. The decentralisation process and especially housing provision is seen as a way of empowering local communities to take part in the (control of) decision making processes on issues that affect their way of living (Cooperative for housing provision towards vision 2030: August 2002).

In Windhoek, the Build Together Programme is administered by the City of Windhoek (COW). Section 67 of the Local Authorities Act makes provision for the City of Windhoek to be able to have housing schemes through which they assist low income groups to have access to affordable housing in designated areas in Windhoek. Thus the COW is one of the beneficiaries of the subsidies from the government to enable them administer the Build Together housing scheme.

Under the Build Together Programme, there are four sub programmes which have been implemented nationwide:

- **Urban-rural housing loans** – Under the urban rural housing loans, families can apply for loans to build their own houses. This housing scheme targets people earning between N\$ 100 – N\$ 2000 per month.

The minimum loan is N\$ 3000 and the maximum loan is N\$ 26 000. In addition, the programmes targets those low and middle income families who are living in un-proclaimed areas and who do not have access to credit from banks, building societies and housing delivered by NHE. It further targets families living in disadvantaged un-serviced areas and informal settlements. The loan is re-payable for a period of about 20 years and the interest rate varies between 9 –14 %.

- **Social housing** – This programme provides loans to small local authorities and regional councils to facilitate housing provision for welfare cases. This simply means that it targets pensioners, people living with disabilities and destitute people. This programme works on a cross subsidisation system. Under this scheme, the local authorities build houses that are used for rental purposes. A certain number of these houses are rented out at market rates whilst others are set aside for welfare cases. Thus these houses are owned by the local authorities whilst the rest pay rent. The people who fall under the category of welfare cases pay special rental rates which contribute to the construction and renovation costs of the houses.
- **Informal settlement upgrading** – This programme aims to upgrade the informal settlements. In most cases, informal settlements do not have basic services such as water, sewage and electricity. A grant is provided to the local authorities to provide these services to the informal settlements which they do not have to pay back. In turn, the local people living in informal settlements are required to make monthly contributions to the local authorities for the provision of services and maintenance of services.
- **Single quarter transformation** – This programme intends to transform single quarters which were constructed for male labourers during the apartheid era. These single quarters were constructed in such a way that they could not accommodate a whole family. Thus immediately after independence when the laws were relaxed, families migrated to Windhoek to join their husbands and fathers in these single quarters, but this created health hazards as these quarters could not accommodate such large number of people. It is against this background that government decided to demolish these quarters and construct new family units. The programme is implemented on a on a cost recovery basis.

Other Housing Initiatives

1. National Housing Action Group

The National Housing Action Group (NHAG) is an association which was formed in 1992. Overall, NHAG works closely with communities and other partners involved in housing provision with the main goals of:

- Strengthening the activities of community groups in order to obtain housing for themselves;
- Playing an advisory role in the formulation of housing policies, municipal regulations and standards;
- Providing training to members in construction, brick-making and alternative building methods;
- Stimulating awareness and sharing experiences in construction procedures and organisation development;
- Establishing and exchanging links between local grassroots organisations and large services organisations with the international community; and
- Facilitating the empowerment process in community based actions related to solving housing problems.

2. Shack Dwellers Federation of Namibia

The Shack Dwellers Federation was formed in 1998 after the housing saving schemes re-organised themselves. Thus the federation is an umbrella of housing savings schemes whose main objective is to improve the living conditions of ultra low and low income families who are in most cases living in shacks, rented rooms and those without any shelter at all.

Policies dealing with housing rights for people living with HIV/AIDS

In almost all countries with severe and advanced AIDS epidemics, the populations are experiencing slowed growth, and in some situations, negative population growth is predicated (AIDS Toolkits; HIV/AIDS and Housing & Public Works). Thus in the long term, the number of housing needed may be reduced (loc. cit). However, due to enormous backlogs, most countries will still experience the provision of adequate housing as an extremely important challenge (loc. cit). Adequate shelter and sanitation provision will become increasingly important to enable people affected by AIDS to cope with the impact of the epidemic in their households. In addition, essential supporting policies are needed which may be adopted by the Ministry of Health and Social Services, which emphasizes care and support of people living with HIV and AIDS in their own homes instead of hospitals. Home based care strategies will not succeed if people do not have homes. In addition, there should be emphasis on low cost housing as the HIV/AIDS illness pushes more households into a lower income bracket. However, it is imperative that states provide adequate housing for its people, especially people living with HIV/AIDS, as they are vulnerable. This is based on the fact that not all people have access to adequate housing due to various reasons. In South Africa, for instance, five barriers to accessing adequate housing have been identified⁴:

- Lack of awareness of housing rights and programmes
- Difficulties in accessing land
- Lack of services such as water, sanitation and refuse removal
- The high cost of housing and the inadequacy of the housing subsidy scheme

In addition to the above mentioned barriers, initiatives to build HIV/AIDS housing often face chronic funding shortages, bureaucratic indifference and the stigma and fear of HIV/AIDS. Thus projects to create HIV/AIDS housing may fail due to local oppositions by neighborhood or community groups. This can be observed from some of the responses in this study which clearly indicated that housing initiatives for people living with HIV/AIDS would not be supported.

Within Namibia, there are a number of policies that address and guarantee the rights of people living with HIV/AIDS and protect them against discrimination on the basis of their HIV status. Such policies include the Namibian Constitution, the National Strategic Plan on HIV/AIDS and the National Development Plans I & II. In addition, HIV/AIDS specific policies such as the National Policy on HIV/AIDS and the Namibian HIV/AIDS Charter of Rights which promotes a human rights based approach to dealing with HIV/AIDS. The charter further recognizes the need for empowering those infected and affected by HIV/AIDS and recognizes that an effective response to the HIV/AIDS pandemic requires commitment on the political level (Namibian HIV/AIDS charter of Rights). The charter further sets out 19 basic rights on which people living with HIV/AIDS should not be discriminated against. These include:

- Equal protection of the law and equal access to public and private facilities and benefits
- Liberty, autonomy, security of the person and freedom of movement
- Privacy and confidentiality
- Counseling and testing
- Partner notification and reporting
- Gender
- Children, adolescents and HIV/AIDS
- Supporting and enabling environment for vulnerable groups infected and affected by HIV/AIDS
- Children orphaned by AIDS
- Prisoners
- Adequate standard of living
- Access to education
- Access to appropriate information and sex education
- Access to health care and appropriate treatment

- Research and clinical trials
- Employment
- Insurance and medical aid
- Media
- Cultural and traditional practices

In addition to the charter, there are other sectoral and workplace policies which deal with HIV/AIDS. *However, there is no policy that deals with the provision of housing or adequate housing for people living with HIV/AIDS.*

The toll of HIV/AIDS on the health care system has further led to the need to strengthen the home based care system. Thus the weight of the responsibility to provide care in one's own home to people living with HIV and the ever growing number of orphans is falling more on the older population. It is against this background that it is imperative for the government or national intervention to rather than leaving it to individuals to deal with it. A national intervention or response is important specifically in Namibia, because like South Africa, historically, apartheid created a society based on special separation of residential areas according to class and population groups which can still be observed in the post apartheid Namibia. Furthermore, the different residential areas have varying levels of access to basic services, with the poor residential areas having none or very limited access to the basic amenities.

The need for provision of housing for people living with HIV/AIDS is further supported by the Housing Opportunities for People Living with AIDS (HOPWA)³, an organization for people struggling with the disabling and impoverishing effects of HIV/AIDS, housing is the cornerstone of health and stability. HOPWA maintains that health and stability is essential when managing HIV/AIDS. For people living with HIV/AIDS, housing is healthcare. HOPWA estimates that almost half of the people living with HIV/AIDS need housing assistance at some stage of their illness. The majority of these people require short-term assistance with rent, mortgage or utility costs which provide the necessary support to remain healthy and in stable housing. Whilst others need more intensive supportive services.

Poverty and HIV/AIDS

There is a strong link between HIV/AIDS and poverty, which means that poor communities are the hardest hit with the pandemic and that HIV/AIDS pushes households into poverty. Poverty can contribute to HIV infection and at the same time affect the coping abilities of the infected and affected individuals and households. Poverty contributes to HIV infection because it forces people into economic or social lifestyles that increase their vulnerability to HIV infection. For instance, because of poverty, women are forced to stay in abusive relationships so that they can have a roof over their heads. Also, some groups of people may be more vulnerable to HIV infection because of their political and socio-economic status. For instance, women are more vulnerable to HIV infection as they often do not have equality of power within relationships to enforce safe sex decisions or to refuse unwanted sex. This is because women generally have less access to economic resources than men.

The fact that HIV/AIDS mostly affects the socially and economically active members of many societies results in destroying societies as these are the bread winners in their families. Thus in their absence, many African societies are being destroyed and succumbing in abject poverty. This results in an increased number of orphans being left without homes or families to care for them. Another dimension of HIV/AIDS and poverty has to do with the coping abilities of the affected or infected households. Cohen (undated) has indicated that the coping ability of individuals and households depend on their initial endowment of human and financial assets as poverty is associated with weak endowments of such resources. Thus such individuals and households often experience social exclusion as they are economically and socially marginalised. According to Cohen, the conditions of social exclusion increase the problems of reaching populations through programmes

³HOPWA was created in the AIDS Housing Opportunities Act, a part of the Cranston-Gonzales National Affordable Housing Act of 1990 in the United States of America. HOPWA provides funding to eligible jurisdictions to address the housing needs of persons living with HIV/AIDS and their families. It is administered by the Office of HIV/AIDS Housing (OHH), which is located in the Office of Community Planning and Development at the Department of Housing and Urban Development (HUD).

aimed at changing the sexual and other behaviours. However, Cohen states that it is not that the poor do not receive the messages or programmes, but that the messages are irrelevant and inappropriate given the reality of their lives. Cohen, further, underscores that even if the poor understand what they are being urged to do it is rare that they have either the incentive or the resources to adopt the recommended behaviour. *“For the poor it is the here and now that matter, and policies and programmes that recommend deferral of gratification will and do fall on deaf ears”*. Thus it is not surprising in these circumstances that the poor adopt behaviours which expose them to HIV infection. The success of any HIV/AIDS policy or programme should be aimed at improving and sustaining the livelihoods of the poor people which will change their socio-economic conditions.

Poverty is a significant factor in the transmission of HIV due to undiagnosed and untreated STDs as many of the poor do not have access to health facilities and medication. In Africa, 150 000 people lose their lives every month to a completely avoidable disease (Lamprey et al 2006). The expenses associated with HIV/AIDS are so huge and unmanageable that even the non poor find their resources diminished by their experience of infection. This is based on the fact that there is increasing evidence in urban communities of an emerging class of those recently impoverished by the epidemic. The poor are already on the margins of survival and thus are unable to deal with the costs of health and others. These include the costs for medication to treat opportunistic infections, transport costs to hospitals or health centres, reduced household productivity through illness and diversion of labour to caring roles, loss of employment due to illness and discrimination; and funeral and other related costs. In the longer term such poor households never recover to their initial level of living as their capacity is reduced through the loss of productive family members through death, migration and through the sale of assets.

According to Cohen, People living with HIV in Africa tend to have a short life span after the initial infection as opposed to people in developed countries. The survival time from infection to death is approximately 5-7 years, which is half of the one for people with HIV infection in developed countries. Cohen argues that this occurs because of the high levels of poverty which are experienced in developing countries as compared to developed countries. HIV infected people in African countries live for a shorter time because of their inability to afford relatively inexpensive drugs to deal with opportunistic infections, poor basic health and nutrition, limited psycho-social support and generally poor quality care both at the hospital and home settings.

Discussion of the main findings

Responses of different stakeholders to the provision of housing for people living with HIV/AIDS

Interviews conducted with various stakeholders such as the Ministry of Regional & Local Government and Housing, Ministry of Health and Social Services, National Housing Enterprise (NHE), City of Windhoek, and others revealed that none of the stakeholders provide housing for people living with HIV/AIDS. In addition, there is no housing policy that focuses on the provision of housing for people living with HIV/AIDS. The reasons for the lack of housing provision for people living with HIV/AIDS differ. Some of the respondents revealed that it is not within their jurisdiction (AMICALL, NHE); the Ministry of Health and Social Services felt it is not right to provide housing to people living with HIV/AIDS because of their status and not all people suffering from chronic diseases. Others like the AIDS service organisations do not provide housing due to limited or lack of resources. However, the AIDS Care Trust refers people living with HIV/AIDS to the Council for Churches in Namibia (CCN) which provides building materials such as corrugated Iron to the needy to build their shacks. Furthermore, the AIDS Care Trust refers some of their members to the KCR (Katutura Community Radio Station) where they can appeal to the community members doing volunteer work to help them. In addition to the lack of provision of housing for people living with HIV/AIDS, payment terms for housing for housing schemes under the NHE and the Ministry of Regional and Local Government and Housing is not manageable for poor people living with HIV/AIDS interviewed in this study. This is because of the fact that these people have very little or no income, and thus cannot afford such housing.

According to Mrs. Uilkka, the ministry does not have a housing policy focusing on people living with HIV/AIDS. Neither does the ministry provide housing for people living with HIV/AIDS. This is because the ministry does not want to intensify the stigma that is already associated with HIV/AIDS. According to Mrs. Uilkka, “by identifying them especially to stand in their own queue, nobody will want to go in that queue. What is important for the ministry is that the housing programme is open to everybody, provided you fall in the prescribed category” (Mrs. Uilkka: Director of Housing, Habitat Planning & Technical Service Coordination). The interview at NHE revealed that the parastatal does not discriminate when giving out housing loans. In other words, NHE does not have a criteria based on the HIV status of their clients. Accordingly, NHE has made special arrangements with insurance companies so that their clients who are HIV positive can be covered in full and in case of death or incapacity can be relieved of the outstanding amount on the house. They believe that this is the best way in which NHE can deal with the issue of HIV/AIDS and housing. This how NHE has been able to address the need of people living with HIV/AIDS. However, one particular case contradicts this assertion by NHE. ⁴Family members of a deceased female client who had bought a house through NHE lost the house through repossession by NHE after the insurance company (Channel Life) refused to pay due to her perceived HIV status. The insurance company refused to pay because they believed the client had died from HIV related ailments. The LAC represented this family and the matter was settled out of court, resulting in the insurance company being forced to pay the amount of which the house was worth. This shows that despite NHE claiming that they look after the interests of people living with HIV/AIDS by making sure that their property is insured, this does not guarantee that the insurance companies will always pay the claims once the person dies. In this case, NHE repossessed the house.

NHE does not have any housing subsidy or scheme for people living with HIV/AIDS as a national housing provider. Furthermore, NHE has never conducted any specific housing assessment for people living with HIV/AIDS. According to Dr. Hailulu he does not “see and understand why there should be a special scheme for people living with HIV and AIDS” as this might result in discrimination of people living with HIV and AIDS because of their status (Dr. Hailulu: Chief Executive Officer (CEO) of NHE). Furthermore, the issue of provision of housing for people living with HIV/AIDS can and should be addressed within broader issues of poverty.

⁴ Case by Legal Assistance Centre

The sentiments expressed by the CEO of NHE and the Director of Housing, Habitat Planning & Technical Service Coordination were further shared by the Ministry of Health and Social Services. According to Ella Shihepo, not all people who are HIV positive need housing as they are found in all classes of society, be it rich or poor. Only those who are unemployed and have no income and are living in poverty need housing. In addition, “HIV should not be seen as a special case. It should be seen as a chronic disease just like diabetes or hypertension. So if you give special attention to HIV, what about the other chronic diseases?” (Ella Shihepo: Ministry of Health and Social Services). The only difference between HIV/AIDS and other diseases is that people who are living with HIV/AIDS suffer from Stigma. As revealed by this study, some of the people living with HIV/AIDS have been chased away from their homes by family members due to their HIV status, whilst there are no common cases of people suffering from other chronic diseases such as diabetes being chased away by family members. In addition, when people living with HIV/AIDS get sick, it takes them longer to get better and get back to work. Thus in most cases, they end up losing their jobs due to long absenteeism from work.

Despite this being the case, it was clearly stated that any housing initiatives for people living with HIV/AIDS would not receive support. It is not clear whether this is the Ministry of Health and Social Service’s views or Ms. Shihepo’s personal views. Furthermore, the interview revealed that the Ministry of Health and Social Services does not have a housing policy for people living with HIV/AIDS neither does it have information on the housing conditions and needs of people living with HIV/AIDS. This is despite the fact that Namibian hospitals are not coping with the overwhelming number of sick people coupled with shortage of staff. In response to this, the ministry promotes the Home based care system where sick people are cared for by their families at home. However, the ministry has no criteria on what facilities and services are required in a house to qualify as a home based care unit.

Support of housing Schemes for people Living with HIV/AIDS

Overall, the support for the provision of housing among the respondents was very low. NHE is the only organisation that expressed interest in the support for such an initiative. However, this support is based on the nature and content of the housing scheme. In addition, NHE believes that this is a social security issue as the social security is an institution that is tasked with the responsibility of providing different social safety nets to the nation. Thus according to Dr. Hailulu, the best institutions to provide such a scheme would be the Ministry of Health and Social Services in collaboration with the Social Security Commission. Furthermore, NHE does not subsidise any of its clients, thus in order for a housing scheme for people living with HIV and AIDS to be viable, it would need to be supported by welfare or related schemes. Due to the intensity of the HIV pandemic, there should be a system which is part of our social security which can support people living with HIV/AIDS and which will be driven by the state (Interview with Dr. Hailulu). Any housing scheme should not only focus on people living with HIV/AIDS, but should focus on all poor people. Thus any housing policy or housing initiative should address the needs of all vulnerable people within the society instead of focusing on one group. Focus on one group would lead to the promotion of discrimination, which is against the provisions of the constitution.

Dealing with HIV/AIDS

According to Mrs. Uilka, the biggest problem that her ministry and local authorities are experiencing is that there is a delay in death certificates reaching the ministry when people die. This problem has intensified since the decentralisation programme begun as in most cases the ministry received death information much later than normal. For instance, the death certificates should reach the ministry within a month of the occurrence of the death so that it can be passed on to the relevant insurance company for claims. However, this is not always the case and this puts a burden on the ministry as it has to explain this delay to the insurance companies. However, when all procedures are followed, then the families do not have to lose the house due to death from any illness.

Another challenge that the ministry has faced is that of people falling ill and being unable to work for a long time. In most cases, the payment for the house ends up in arrears, which can result in the repossession of the house. However, the ministry advises their clients to get a doctor's letter which says that the persons are too ill to work and thus are incapacitated. In such a situation, the ministry can claim from the insurance so that the house can be paid off. Another option that the ministry gives to people who are too ill and can no longer afford to pay their housing bond is for them to rent it out to someone who can pay.

In addition to ensuring that people do not lose their houses due to death or illness, the ministry has minimum requirements that houses built under their programmes should have. These minimum requirements include a toilet, ventilation, sanitation and water. Thus all people living with HIV/AIDS who have benefited from the Build Together housing scheme have access to minimum basic services and are protected against loss of property due to death or illness. In addition, people living with HIV/AIDS who have been incapacitated due to illness can benefit from the social housing scheme, as long as they provide proof from a doctor that supports this claim. However, the study revealed that many of the respondents who had approached doctors to sign their application forms to enable them benefit from social grants had their requests turned down by the doctors. Thus it can be concluded that many of the people living with HIV/AIDS do not benefit from this scheme due to the doctors refusal to certify that they have been incapacitated due to illness.

Housing conditions of people living with HIV/AIDS

Interviews with HIV/AIDS service organisations revealed that housing is very important for people living with HIV/AIDS and the lack thereof is one of the main problems facing people living with HIV/AIDS. The importance of housing is based on the fact that without housing, people living with HIV/AIDS are more vulnerable. Lack of housing denies people living with HIV/AIDS the freedom to take their medication in privacy (Julia Amukwaya: Aids Care Trust).



The study revealed that the majority of the people who were interviewed live in shacks without electricity, running water or a proper toilet (interview with Julia Amukwaya). The corrugated iron shacks get unbearably hot during the day time and unbearably cold at night. Such inadequate housing exposes them to harsh weather conditions which make them more prone to opportunistic infections such as pneumonia (from cold). In the absence of family providing housing or shelter to poor people living with HIV/AIDS, their only option is to live in shacks as their only available affordable shelter.

Experiences of people living with HIV/AIDS

In order to learn about the challenges that people living with HIV/AIDS are facing, interviews were conducted with HIV/AIDS service organisations such as Lironga Eparu and the AIDS Care Trust. Both of these organisations'

main focus is on the provision of care and support for people living with HIV/AIDS. In addition, the AIDS Care Trust focuses on the provision of training, household care, counselling and caring for orphans. Both organisations have support groups of people living with HIV/AIDS for which they provide the above mentioned services. Quantitative and qualitative interviews were conducted with support group from these organisations to ascertain their living conditions and the daily challenges they face. The support group members were mostly young single women between the age group of 25 – 36 years old, many with children and unemployed.

The interviews at both organisations revealed that the socio-economic status of their members is very low. Most of their members are unemployed with no alternative income and live in abject poverty (Interviews with Julia Amukwaya, the Aids Care Trust and Azelle Beytel, Lironga Eparu). Thus it is poverty that has led to poor housing and poor living conditions for people living with HIV/AIDS (Julia Amukwaya). In addition, many of the family members of the support group members living with HIV/AIDS have rejected them because they do not make any contribution to the household, they have no permanent place to stay and have many children and dependants despite not having an income. Below is a summary of the main findings of the interviews conducted with support group members.

The Sample

Quantitative interviews were conducted with 30 people who are living with HIV/AIDS. This sample group was drawn from the HIV/AIDS support groups from Lironga Eparu and the AIDS Care Trust. The demographic summary of the respondents of whom the majority is females (90%) falling in the age group of 30 – 39 years are presented below. In addition, more than half of the respondents have never been married and have obtained junior and senior secondary qualifications as the highest education qualifications. Most of the respondents live in the various residential areas or informal settlements of Katutura or on the outskirts of the city.

Table 1: Demographic Distribution of Sample

Age Distribution	Percent
20 - 29 years old	13.3
30 - 39 years old	60.0
40 - 49 years old	23.3
50 - 59 years old	3.3
Total	100.0

Table 2: Marital Status of Respondents

Marital status	Percent
Never married	53.3
Married	16.7
Divorced	10.0
Windowed	6.7
Cohabiting	13.3
Total	100.0

Table 3: Level of education of Respondents

Education Status	Percent
No education	6.7
Primary level	40.0
Junior secondary	33.3
Senior secondary	20.0
Total	100.0

Table 4: Residential areas of Respondents

Place of Residence	Percent
Katutura (Malagadry)	3.3
Katutura (Damara location)	3.3
Katutura (Babylon)	6.7
Rocky crest	3.3
Katutura (goreangab dam)	3.3
Katutura (freedom land)	3.3
Katutura (Hakahana)	10.0
Katutura (okuryangava)	13.3
Katutura (Ongulumbashe)	6.7
Khomasdal	3.3
Van Eira	3.3
Katutura (Greenwell Matongo)	10.0
Katutura (Havana)	10.0
Katutura (Okahandja park)	6.7
Katutura	3.3
Otjomuise	3.3
Katutura (One Nation)	3.3
Katutura (Ombili)	3.3
Total	100.0

Employment and sources of income

Namibia has a high national unemployment rate (36.7%), which is higher among women as compared to men. Thus it is not surprising that more than three quarters of the respondents interviewed (83.3%) indicated that they were unemployed. The main reason for unemployment is that the respondents cannot find jobs. Other reasons for being unemployed were that the respondents were too sick to work (14.8%) and others got fired or retrenched (14.8%). Those who lost their jobs indicated that this happened because of their HIV/AIDS status (as can be seen from one of the case studies). The inability of people to get jobs has forced most of the respondents into starting up their own small businesses as their only way of making a living. Thus despite not making much from the small business ventures, most of the respondents are involved in these small businesses with the hope of making a living and supporting their dependants.

The study revealed that most of the respondents do not have individual incomes or household incomes. In addition, monthly individual and household income are similar and fall below N\$ 100. This is because of the fact that most households only have one breadwinner or no bread winner at all. In the absence of any income, many of the respondents indicated that they have to depend on the goodwill of people in their communities and support groups from various organisations for basic amenities such as food and clothing.

Table 5: Individual income for Respondents

Monthly income (individual)	Percent
N\$ 100 and below	
N\$ 101 - N\$ 200	16.7
N\$ 201 - N\$ 300	3.3
N\$ 301 - N\$ 400	6.7
N\$ 601 - N\$ 800	6.7
N\$ 801 - N\$ 1000	3.3
No income	40.0
Total	100.0

Table 6: Household income for Respondents

Monthly household income	Percent
N\$ 100 and below	23.3
N\$ 101 - N\$ 200	16.7
N\$ 201 - N\$ 300	6.7
N\$ 301 - N\$ 400	10.0
N\$ 401 - N\$ 500	3.3
N\$ 801 - N\$ 1000	3.3
N\$ 1001 - N\$ 1500	3.3
N\$ 3001 - N\$ 5000	3.3
No income	30.0
Total	100.0

Housing

Less than one quarter (23.3%) of the respondents live in brick houses whilst the rest lived in houses made from corrugated iron Zinc plates (66.7%) or in shacks (10%). This shows that many of the respondents do not have access to adequate shelter made of proper building materials based on international standards of what an adequate house should be. However, levels of ownership of the dwellings among the respondents are low as only one third (33.35%) own their homes. Despite expressing an overwhelming need of ownership, the majority of the respondents do not own the dwellings in which they live in because they cannot afford them. This is not surprising as the majority of the respondents were unemployed and had very little individual or household income.

The study revealed that the majority of the respondents do not own homes and have also never applied for houses, despite indicating that houses are very important to them. The main reasons for not applying for houses were because of not being able to afford them and not knowing where to apply for a house. This is supported by the fact that more than 70 per cent of the respondents were not members of low-income housing

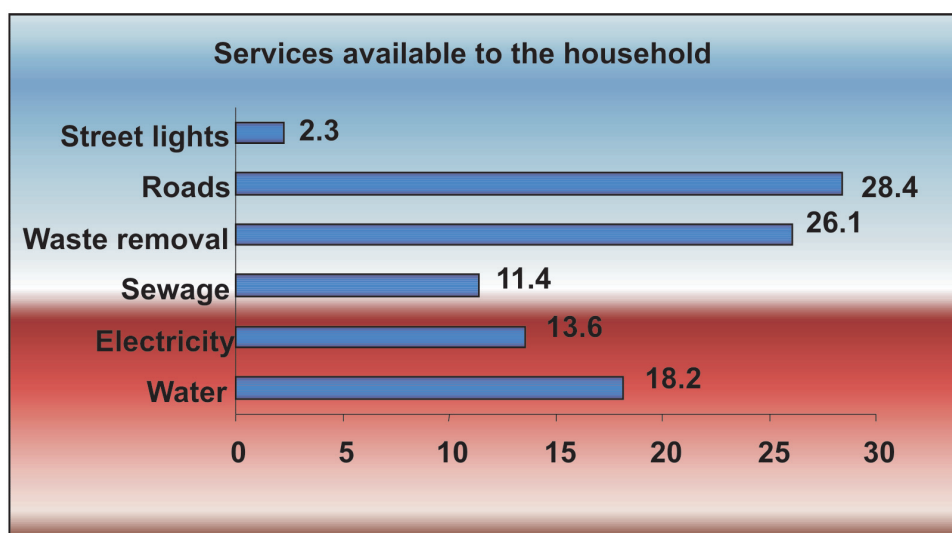
schemes or initiatives which caters for housing needs of low-income earners. Half of those who applied for houses applied to the Municipality (in Windhoek), whilst the rest applied to their Regional Councils, Shack dwellers Association and the Housing Committee in Okahandja Park. Further, the study shows that half of the respondents' applications were not successful whilst the rest were either successful (33.3%) or are still waiting for a response (16.7%).

Basic services available to the household

The study found that many households did not have basic services. Only one third and less had any basic service. For instance, only 18 per cent indicated that they had water whilst only 13.6 per cent had electricity. The lack of basic services is further compounded by the fact that the majority of the respondents did not have private toilets (73.3%). The lack of private toilet is not only a hygiene issue, but also a safety issue as most of the respondents were women. Thus using the bush or an outside communal toilet at night puts the lives of these women and their families in danger or at risk.



Fig 1: Access to Basic Services among Respondents



The majority of those who had access to water used communal taps with pre paid meters while a third (33.4%) had water in their houses.

Table 7: Access to private toilet in the house

Access to private toilet?	Percent
Yes	
No	73.3
Total	100.0

Table 8: Type of water supply

Type of water supply	Percent
Communal water tap-pre paid meter	45.3
Communal water tap - no meter	20.0
House connected with piped water - private meter	26.7
House connected with piped water - pre paid water meter	6.7
Shared private tap with private meter in between households	3.3
Total	100.0

Another basic service which is very important to people living with HIV/AIDS is medical facilities. More than half (53.3%) of the respondents reported that they did not have access to medical facilities in their areas. Thus this required them to travel long distances to get medical facilities for their medication. For instance, more than half of the respondents indicated that they lived about 30 and more minutes walk from their nearest medical facility. This makes their lives very difficult as they do not have money to take taxis to the facility and thus have to walk long distances to get their medication and treatment.

Table 9: Distance to Medical Facilities

Time (walking) to nearest health facility	Percent
Less than 10 minutes	26.7
11 - 20 minutes	10.0
21 - 29 minutes	13.3
30 - 40 minutes	20.0
51 - 59 minutes	3.3
60 minutes and above	23.3
Don't know	3.3
Total	100.0

Life policies and insurance

An overwhelming percentage of the respondents indicated that they did not have insurance cover, which included medical insurance. The main reason for this was that they had no money to pay for the insurance cover and were not employed. Thus they would not qualify to take out policies or insurances.

Fig 2: Medical Insurance Cover

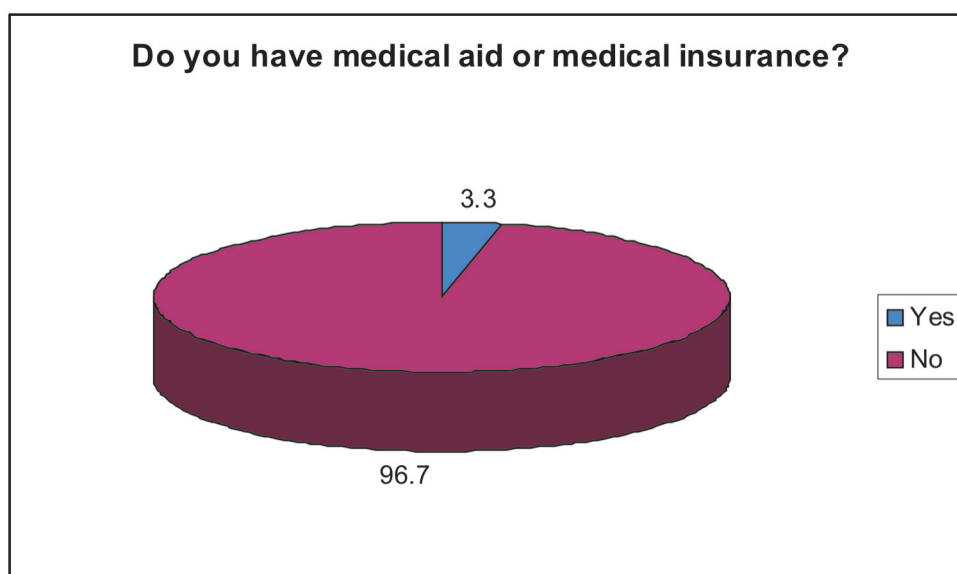
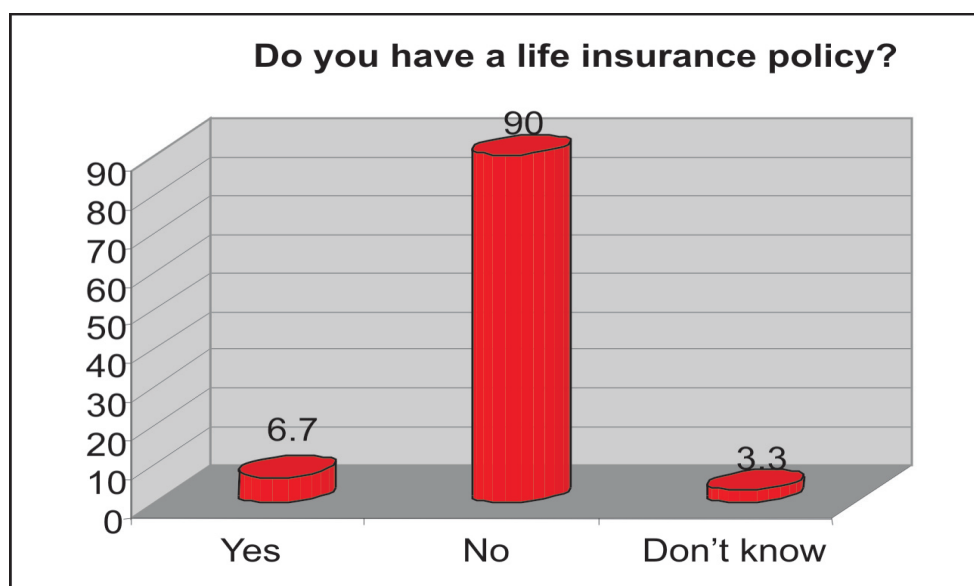


Fig 3: Life Insurance Policy



Social Grants

In Namibia, social grants only cover orphans, the elderly and disabled people. To date the government has not introduced an unemployment grant despite an escalating unemployment levels in the country. The study revealed that very few respondents receive social grants. This is mainly because more than half (58.6%) have

never applied for social grant. Those who have applied for social grants reported that they were still waiting for a response or that the doctors at the hospital had refused to sign their application forms to declare them incapable of working due to their HIV status. Interviews revealed that many of the respondents had heard from their friends and families about how doctors refused to sign application forms for social grants on behalf of the people living with HIV/AIDS that many had become discouraged to apply.

Table 10: Reasons for not having Social Grant

Response	Percent
Red Cross promised to pay school fees for children	7.7
Still waiting for a response	30.8
The doctor refused to fill in the application form	38.5
Father of kids not around to sign the forms	7.7
No response	7.7
Told I do not qualify because I'm healthy to work	7.7
Total	100.0

HIV/AIDS status

About two thirds of the respondents indicated that they had known about their HIV status for periods of 1 – 3 years and 4 – 8 years respectively. Furthermore, about 90 per cent of the respondents indicated that their families knew about their HIV status. This is very encouraging because despite the stigma associated with HIV/AIDS, respondents feel that it is very important to share this information with close families and friends. The study also showed that the reactions of family members and friends have varied after receiving such news from family members living with HIV/AIDS. Thus, whilst some family members have shown support, others have cast their family members out of their homes. The majority of the respondents, however, indicated that their families looked after them when they were sick; for instance more than 40 per cent indicated that their siblings looked after them. About 10 per cent reported that their neighbours looked after them when they were sick, which shows a strong community commitment to helping one another in these communities.

Case studies of people living with HIV/AIDS

Case 1: Maria

Maria is an unemployed single mother of 3 children who lives in a corrugated iron shack which she owns. In addition to her three children, Maria has an additional three dependants. Maria is unemployed because she was fired from her job due to continuous absence from work because she had to go to the hospital on a weekly basis, which resulted in her missing work continuously. Currently, it is very hard to make ends meet, especially feeding her children as well as herself. Food is also very important for her because she is required to eat before she takes her Antiretroviral drugs (ARVS). Thus there are some days when Maria does not take her medication because she hasn't eaten anything. In addition to lack of food, Maria has difficulty in paying her children's school fees.

In order to make a living, Maria sells kapana (Braai meat) to earn an income. However, this does not bring enough money as she sometimes makes less than \$100 or nothing at all. In addition, when she

can't sell the kapana, it gets rotten and she is forced to throw it away, which results in her making a loss. When she makes some money at the end of the month, Maria spends \$5 on prepaid water, \$10 on medication, \$13 on taxi fare, \$50 on food, \$50 to settle any debts she might have. Maria's children school fees are \$200 per year, but she only pays a fraction of it when she is able to afford (about \$20). Maria used to have a savings account but it has closed because she is unable to save any money. Despite not having been evicted yet, Maria will be relocated soon because the area in which she currently stays has not yet been demarcated as a settlement by the Windhoek municipality.

Case 2

Nangula found out about her HIV status in 2003 and started taking ARVs in 2004. Nangula, a friend and her three children live in a shack made of cardboard in Okuryangava. Her shack is very small, has no toilet, thus they use an open space a few meters away as a toilet which is very unhygienic and has no waste removal services. There are no clinics nearby and it takes her about an hour to walk to the clinic and even longer to walk to the hospital to collect her ARVs because she cannot afford to take a taxi.

Nangula came to Windhoek at the invitation of her uncle. However living with her uncle became unbearable as he used to abuse her when he would come home drunk. Thus she decided to move out and collected some cardboard and erected her shack. Nangula is currently unemployed and her only means of income is selling kapana (cooked meat). Nangula used to work as a domestic worker and but was dismissed by her employer because she was continuously absent from work because she had to go to the hospital for her medication and treatment. Since then Nangula has tried to find work, with no success.

Her income from selling kapana is not enough for her to feed her children and send money home to her mother and her deceased sister's two children who live in the North. Due to shortage of food, Nangula is sometimes forced to take her medication (ARVs) on an empty stomach. According to Nangula, she sometimes stays for three days without food and when she takes her medication during this time, it makes her very sick.

Nangula spends her meager income on paying for school fees for her children, buying water (\$5), maize meal (\$20) and monthly hospital fees of N\$ 10.

Like Many people living in informal settlements, she has constant fear of eviction as the place where her shack is erected has not been declared a settlement by the Municipality of Windhoek. She will soon be evicted by the municipality because the place where she built her shack has not been approved for settlement. Nangula has no idea where she will be relocated to, but fears it might be at the outskirts of town far away from her children's school and clinic or hospital. Nangula joined the Shack Dwellers Federation in her area in 2006 with the hope of securing land, but her membership has been cancelled because the federation has run out of land to allocate to its members.

Nangula has been informed that people who are HIV positive can receive a social grant from the government. When she made an application, the doctors who are required to sign her form refused and told her that she is still capable of working. Now that she has joined the support group, it helps her share her problems with others in a similar situation, she has also taken in a fellow support group member Ruusia (35 years of age) who was homeless and is HIV positive, she too is unemployed and has no other form of income. Nangula wishes to have a proper home which is decent and safe built with

corrugated iron. In her current cardboard shack, when it rains water enters her cardboard home. Also, she wants her children to have a proper home which she can leave to them when she dies.

Case 3

Rejoice is a middle-aged woman who lives at Okahanjda Park with her husband, grandfather and 10 year old son. Okahandja Park is an informal settlement which is among the most impoverished areas in Windhoek. The shack in which Rejoice and her family live in has no toilet, thus the family uses the bush as their toilet like the rest of the households living in the area.

Rejoice has known about her HIV status for three years. She suspects that she contracted the HIV Virus from her husband, who still lives in denial to date. Rejoice's husband abuses her constantly, especially when he drinks. Despite the abuse she is forced to remain with her husband as she has nowhere else to go and rather opts to stay with him for the sake of her son and grandfather, who is very old and suffers from a number of old age diseases and thus needs constant medical attention. Rejoice is unemployed has no alternative source of income, thus depends solely on her grandfathers pension money (N\$300 per month) which he receives from the government.

Since finding out about her HIV status, Rejoice has been taking her ARVs and also joined an HIV support group. Her problem is that the HIV support group is very far and usually takes her more than hour to get there on foot.

The case studies of these three women living with HIV/AIDS re-emphasises the socio-economic conditions of the majority of women living with HIV/AIDS in Namibia. All these women live in abject poverty compounded by daily struggles. In addition, these case studies show how women bear the brunt of HIV/AIDS the most. This is based on the fact that the majority of those infected are not only women, but also have to take care of the sick in their homes. Furthermore, the case studies support the argument that women are more vulnerable to HIV/AIDS due to their lack of economic muscle in the household. Thus women in such positions end up putting up with sexual or physical abuse from their spouses.

Conclusion

The study found that not all people living with HIV/AIDS have access to adequate housing. Access to adequate housing mainly depends on the Socio-economic status of the person living with HIV/AIDS which differs (poor or rich). This is based on the premise that HIV/AIDS affects all people regardless of their socio-economic status. However, the most vulnerable groups are those who are poor and do not have the financial means to afford basic amenities such as housing. Furthermore, many people have argued that HIV/AIDS has a tendency to push people into extreme poverty because in some cases it leads to job losses because of stigmatising behavior of employers and incapacitation due to illness. Without life insurance, many people can succumb into extreme poverty and lose their assets such as housing in such instances. This is why some Civil Society Organisations such as the LAC have advocated for housing provision for people with HIV/AIDS. In addition, studies have for instance; found that supportive housing with integrated services reduces inpatient hospital stays. Thus housing is not only a social humanitarian solution for people living with HIV/AIDS, it is also a substantial relief to public hospitals and overburdened crisis treatment programmes (Adams 2003). Based on the fact that the Ministry of Health and Social Services identified overcrowded hospitals as one of the challenges they face, it would be highly recommended for them to consider advocating for housing rights for people living with HIV/AIDS or people suffering from chronic diseases.



The literature on international instruments on the right to housing clearly shows that there are various international instruments which guarantee the right to adequate shelter and housing for all. Some of the instruments further take cognisance of the HIV pandemic and thus makes recommendations in this regard. However, international instruments serve as guiding frameworks for individual countries to incorporate in their domestic legislation. In this regard, both the Namibian government and South African government have enacted policies and programmes that ensures that the right to adequate housing is realised and that low –income groups have access to affordable housing. However, in both countries, there is no mention of provision of housing for those without incomes and living with HIV/AIDS. This would require the introduction of free housing for those people who do not have incomes. However, to some extent South Africa covers this group through the provision of an unemployment grant, which is absent in Namibia. Thus the unemployment funds can be used by individuals or households to apply to the low income housing schemes that exist. Thus the current low income housing

schemes in Namibia (without the support of unemployment grants) are exclusionary in nature as people without incomes cannot benefit from them. These people also happen to be the most vulnerable people in society, thus needs housing schemes targeting them. In addition to being exclusionary, the low income housing Schemes in Namibia requires that people should take insurance policies to protect their properties in case of death and incapacity due to illness or loss of income for one reason or the other. This requirement is good, however, the reality is that very few people (as can be seen from our respondents) can afford to take out life insurance policies because they are unemployed and have no incomes. Thus the requirement of life insurance policies for low income housing loans further excludes the needy and the poor from accessing and fully benefiting from low income housing schemes.

Another set back of lack of housing is that banks declare such people as not credit worthy. This is because the banks require collateral in order for individuals to qualify for credit facilities. Thus unemployed people living with HIV/AIDS without housing to use as collateral do not have the opportunity to create self employment and support themselves and their families.

The provision of free housing to the poor, especially those affected by HIV/AIDS has its challenges as was revealed in the interviews conducted with different stakeholders. The first challenge with such a scheme is the question of maintaining such housing. Government representatives from the Ministry of Housing felt this would require funds that the government does not have. Thus in the absence of proper maintenance, the condition of such houses would deteriorate and become inhabitable. The second challenge, especially associated with the provision of housing for people living with HIV/AIDS is that such a scheme excludes other vulnerable people who suffer from terminal diseases. Thus such a scheme would not get the support of some of the community members whose families suffer from other terminal diseases.

However, the interviews with people living with HIV/AIDS revealed that these people do need help. People living with HIV/AIDS interviewed live in abject poverty and face daily struggles which prohibits them from meeting their basic everyday needs such as food, shelter and other basic services. The housing conditions of people interviewed who are living with HIV/AIDS clearly revealed that they live in deplorable housing conditions. Thus the contention that in the event that government provides free housing, the condition of such housing would be inadequate for human occupation due to lack of proper care and maintenance is irrelevant in this case as people are already living in such kind of housing. Therefore, the situation requires a holistic national response which will improve the housing conditions for people living with HIV/AIDS which will support the current preventative and treatment campaigns being undertaken by the government.

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