



Maternity Protection

Kingdom of Lesotho, SADC-SPEN, ILO, FES

International Workshop Maseru, Lesotho

April 23-24, 2013

Venue: Maseru Sun Hotel

In 2010, worldwide 287,000 mothers died during and following pregnancy and childbirth (WHO). For every woman who dies, approximately 20 more experience infection, disability, or injuries. A mother's death reduces the likelihood of newborn survival and lowers family income and productivity. The health benefits of maternity protection to mothers and their children link maternity protection to broader efforts to realize the United Nations Millennium Development Goal 4 (reduce child mortality), MDG 5 (improve maternal health) and MDG 6 (combat HIV/AIDS, malaria and other diseases). Although recognized as a universal human right, enshrined in UN and ILO instruments, 80 per cent of the world's population lacks access to adequate social protection, with 50 per cent lacking any coverage at all. Many women seek maternal care from their first level health-care provider, but do not go to higher level care facilities when their health requires it, either because they cannot afford the time or they are unable to pay for the transportation. Ability to pay often constitutes a considerable barrier to seeking maternal care. Efforts to improve health service delivery for women during pregnancy must also address women's capacity to access those services.

The economic benefits of maternity protection and work-family policies are many and well designed maternity protection is consistent with a pathway for economic and social modernization. Maternity protection and work-family policies, in particular social care services, strengthen women's economic roles and labour force attachment. Providing maternity leave and other elements of maternity protection and childcare is a way of encouraging young women of reproductive age, without children, to join the labour market. It is also an incentive for young mothers to maintain a labour market attachment and return to work at the end of leave. Without maternity leave and childcare, women may not have any other choice but to withdraw from the labour market after childbirth. Increased labour force attachment brings benefits to productivity and to businesses. It increases the likelihood that women's skills and investments in their education and training are utilized efficiently. In this way, maternity protection and work-family policies can benefit employers who can better recruit and retain female employees with skills, knowledge and experience. Maternity protection, by supporting the continuation of breastfeeding upon return to work, is therefore a critical tool for cost savings and poverty reduction from the household to the national budget.

The 2009 International Labour Conference (ILC) *resolution concerning gender equality at the heart of decent work* recalls that "social security is a powerful tool to alleviate poverty and inequality". The 2012 *Recommendation concerning national floors of social protection* (No 202) provides guidance to

Members to “establish and maintain, as applicable, social protection floors as a fundamental element of their national social security system” and calls for the application of the principles of “non-discrimination, gender equality and responsiveness to special needs”. Translated in regard to maternity protection, this means following the two objectives to preserve the health of the mother and her newborn; and to provide a measure of economic security for the concerned women and their families. The ILO has specified this in five core elements of maternity protection at work:

- maternity leave;
- cash and medical benefits;
- health protection at the workplace;
- employment protection and non-discrimination;
- breastfeeding arrangements at work.

The SADC Code of Social Security in its Article 13 states that Member States should ensure that there is equal coverage of and access to social security including equality in receiving social security benefits – for men and women. Maternity protection is provided in terms of labour law or social security law. The prior provision through labour law makes maternity protection an employment liability (as is the case in Botswana, Lesotho, Zambia and Zimbabwe) and thus tends to place extra burdens on employers which impedes female employment (since it discourages from hiring women of child bearing ages). Furthermore, a large portion of informal work is care work, which is done by women. There is a marginalization of women in less paid traditional feminine jobs that create a situation of indirect discrimination and social insurance legally and socially excluding women. This calls for innovative ways of thinking about bringing social protection in maternity to workers in the informal sector.

Lesotho performs particularly poorly in regards to maternity with 620 deaths for 100,000 live births (CIA Factbook 2012) which is the highest in the entire SADC region (Angola 450, Botswana 160, DRC 540, Lesotho 620, Madagascar 240, Madagascar 240, Malawi 460, Mauritius 60, Namibia 200, South Africa 300, Swaziland 320, Tanzania 460, Zambia 440, Zimbabwe 570) and among the highest in the world. This situation largely relates to the rural sector and requires improvements in availability, accessibility and acceptance of medical (ante- and postnatal) services, treatment and nutrition. Employment in Lesotho is split two ways; 51% of workers are employed in formal sector enterprises and thus quite reachable for state social security programmes/provisions. Informal sector employment absorbs 9% of the workforce and 40% of workers work in their own households, mostly in smallholder agriculture in the rural areas (LILFS 2008). Those who work in formal employment are entitled to 12 weeks of maternity leave (Section 133 governed by the Labour Code Order of 1992) with public servants receiving 90 days maternity leave (Section 81 of Public Service Regulations). Rather recently, in 2011, the government of Lesotho passed legislation to also govern payment during maternity leave at 100% under certain conditions (of prior continuing service and limiting total number of benefits for confinements). ILO convention 183 of 2000 which sets standards for maternity protection particularly in regard to health, paid maternity leave (of 14 weeks), breastfeeding provisions at workplaces and delivery of social assistance where social insurance does not reach, has not yet been ratified in Lesotho as most of the SADC region, but is under way in Zambia as first SADC country.

Building on regional and international best practices and standards, a regional workshop will be held in Lesotho, at the request of the Government of Lesotho and tripartite ILO constituencies. This will bring light to the modern approaches to maternity protection and its feasibility for Lesotho, its different dimensions and the importance of social insurance approach as a corner stone of maternity income protection. As such, the workshop provides a platform for

1. Dissemination of international and regional expertise and background for policy making in Lesotho
2. Discussion amongst stakeholders in Lesotho
3. Exchange amongst stakeholders and experts in the SADC region



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Draft Programme:

Day 1: Tuesday, 23/04/2013

8:00 – 8:30	Arrival and Registration	
8:30 – 8:45	Welcome Remarks	
	Kingdom of Lesotho: Permanent Secretary Ministry of Labour and Employment	Ms Mapulumo Mosisili
	SADC-SPEN Steering Committee	Mr Victor Chikalanga Prof Dr Marius Olivier
	ILO Pretoria	Mr Luis Frota
	FES Regional Social Protection Project	Mr Daniel Kumitz
8:45 – 9:00	Official Opening of the Conference by Guest of Honour	Honourable Minister of Labour and Employment
9:00 – 9:30	Tea Break	
9:30 – 10:15	Keynote Address: Safe Maternity and Protected Motherhood: Maternity Protection and ILO Convention No. 183 The Importance of Maternity Protection; the Key Provisions of the ILO Maternity Protection Convention No. 183; the Situation in Terms of National Legislation and Application; Some Good Practices and Lessons Learned.	Ms Laura Addati ILO Maternity Specialist via Video Conference
10:15 – 11:00	Discussion	
11:00 – 11:30	Current Legal and Political Framework in Lesotho	Mr Bitso Paul Bitso Pretoria

11:30 – 12:30	International and SADC Standards and Comparative SADC Country Perspectives	Prof Dr Marius Olivier ISLP South Africa and Northwest University Potchefstroom
12:30 – 13:00	Discussion	
13:00 – 14:00	Lunch	
14:00 – 14:30	Maternity Protection in Employment Law (Maternity Leave, Breastfeeding Arrangements, Employment Protection and Non-Discrimination on Grounds of Maternity)	Prof Dr Ngeyi Kanyongolo Uni Malawi
14:30 – 15:00	Discussion	
15:00 – 15:30	Tea Break	
15:30 – 16:00	Towards Ratifying ILO Convention 183: Experiences and Key Lessons in Zambia	Mr Victor Chikalanga MLSS Zambia
16:00 – 16:30	Discussion	
16:30 – 17:00	Conclusion Day 1	

Day 2: Wednesday, 24/04/2013

8:30 – 9:00	Recap	Moderator
9:00 – 10:00	Social Protection in Maternity: Cash and Medical Benefits for Pregnant and Breastfeeding Women	Mr Luis Frota Social Security Specialist ILO Pretoria
10:00 – 10:30	Discussion	
10:30 – 11:00	Coffee Break	

IV. SESSION: Maternity Protection in Lesotho

11:00 – 12:00	Panel Discussion of National Stakeholders: Delivering Maternity Protection to Lesotho – Roadmap, Challenges and Opportunities
12:00	Vote of Thanks, Closing Remarks and Farewell
12:30 – 13:00	Lunch

13:00 End of Conference