Ministry of
Gender Equality
and Child Welfare

Capacity to Manage Alternative Care

Assessment Report for Namibia

2008

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GOVERNMENT OF THE REPUBLIC OF NAMIBIA

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Acknowledgements

The Ministry of Gender Equality and Child Welfare thanks the following institutions and organisations for their contributions to this report:

- The government line ministries, civil society organisations and development partners who provided information and data.
- UNICEF for financial and technical assistance in producing the report.

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Acronyms

ARV	Anti-retroviral
ART	Anti-retroviral Therapy
CAFO	Church Alliance for Orphans
CBB	Church Benevolence Board
CBO	community-based organisation
CCPB	Child Care and Protection Bill
DHS	Demographic and Health Survey
ESA	East and Southern Africa
ESARO	East and Southern Africa Regional Office UNICEF
ECD	Early Childhood Development
FBO	faith-based organisation
LAC	Legal Assistance Centre
M&E	Monitoring and Evaluation
MGECW	Ministry of Gender Equality and Child Welfare
MOHSS	Ministry of Health and Social Services
NDHS	Namibia Demographic and Health Survey
NDP	National Development Plan
NGO	non-governmental organisation
NPA	National Plan of Action
N$	Namibia Dollar
OVC	orphans and vulnerable children
RAAAP	Rapid Assessment, Analysis and Action Plan
RSA	Republic of South Africa
UNICEF	United Nations Children's Fund
U$	United States Dollar
WACPU	Woman and Child Protection Unit

Glossary of Terms

Following are definitions of child care and protection terms used in this document.

Alternative Care:
Article 20(2) of the CRC applies to children who are temporarily or permanently deprived of their family environment, or in whose own best interests cannot be allowed to remain in that environment, hence the right to "alternative care." States Parties are required to ensure "alternative care" for such children in accordance with their national laws. Article 20(3) of the CRC provides that "alternative care" may be, inter alia, foster placement, *kafala* of Islamic law, adoption or, if necessary, placement in suitable institutions for the care of children.[1] With respect to its juridical nature, "alternative care" may be either of the following:[2]

- *Informal care:*
  This means any private arrangement in a family environment, whereby a child is looked after on an ongoing or indefinite basis by relatives or friends (informal kinship care), or by others in their individual capacity, at the initiative of the child, his/her parents or another person, without this arrangement having been ordered by an administrative body or a judicial authority or a duly accredited body.
- *Formal care:*
  This means all care provided in a family environment as ordered or authorised by a competent administrative body or judicial authority, and all care provided in a residential environment, including in private facilities, whether or not as a result of administrative or judicial measures.

With respect to the environment in which it is provided, "alternative care" may be one of the following:

- *Kinship care:*[3]
  This means family-based care, whether formal or informal in nature, within a child's extended family or with close friends of the family who are known to the child.
- *Foster care:*
  This means the temporary placement of a child by a competent authority for the purpose of alternative care in the domestic environment of a family other than the child's own family, which is selected, qualified, approved and supervised for providing such care.
- *Residential care:*
  This means care provided in any non-family group setting as defined under "Residential care" below.

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1 *Child Rights Glossary*, UNICEF, Innocenti Research Centre.
2 UN Draft Guidelines for the Appropriate Use and Conditions of Alternative Care for Children, June 2007.
3 See generally, *Kinship Care: Providing positive and safe care for children living away from home*, Save the Children, 2007.

Residential Care:[4]
This can also be defined as "a group living arrangement for children in which care is provided by remunerated adults who would not be regarded as traditional carers within the wider society". However, it is apparent from *Home Truths*[5] that residential care may now be wider and encompass "children's homes" which are run as a family-type group home accommodating a number of children who are not related to the person running the home. Here the staff may be volunteers or related to the person in charge. Some of these homes are not registered with any government department and may not be known to the authorities.

Adoption:
This is a judicial process in conformance with statute, in which the legal obligations and rights of a child towards the biological parents are terminated and new rights and obligations are created between the child and the adoptive parents. Adoption involves the creation of the parent-child relationship between individuals who are not naturally so related. The adoptive family usually gives the adopted child the rights, privileges and duties of a biological child, with the adopted child also becoming the heir of the adoptive parents.[6] Under the draft UN Guidelines, adoption is viewed as permanent care.

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4 *Roofs and Roots: The care of separated children in the developing world*, David Tolfree, Save the Children UK, 1995.

5 *Home Truths: The Phenomenon of Residential Care in the time of AIDS*, Children's Institute, University of Cape Town, 2007.

6 See http://legal-dictionary.

Executive Summary

This report prepared for the Ministry of Gender Equality and Child Welfare (MGECW) with financial support from UNICEF Namibia assesses the country's capacity to manage alternative care systems for children. As requested, the assessment concentrated on existing residential care facilities and standards. It was guided in part by the draft UN Guidelines for the Appropriate Use and Conditions of Alternative Care for Children. Residential care provides a good entry point for assessing the systems of social protection that support the ideal situation of children living with their families in their communities, and the care and protection system that manages alternative care. This assessment report makes use of a child-sensitive social protection framework[7] which was adapted for assessing both the capacity to manage and the use of alternative care. This framework describes social protection as a set of policies, social welfare services (including alternative care) and social transfers.

[7] See (1) "Social Protection for Vulnerable Children in the Context of HIV and AIDS", IATT Working Paper, July 2008; (2) for a more theoretical discussion, "Transformative Social Protection", Stephen Devereux and Rachel Sabates-Wheeler, IDS Working Paper 232, October 2004; and (3) *Social Protection in Eastern and Southern Africa: A Framework and Strategy for UNICEF.*

During the 16-day in-country assessment, visits were made to 5 of the country's 13 regions:

(1) Khomas Region – Windhoek district
(2) Otjozondjupa Region – Okahandja
(3) Erongo Region – Usakos, Swakopmund and Walvis Bay
(4) Hardap Region – Rehoboth
(5) Karas Region – Keetmanshoop.

Interviews were conducted with MGECW social workers, the heads of 10 children's homes, staff of the Woman and Child Protection Units (WACPUs), staff of the Ministry of Health and Social Services, staff of NGOs and the Commissioner of Child Welfare.

The context for assessing the capacity to manage alternative care is: (a) poverty and unequal distribution of wealth in a country classified as middle-income; (b) the HIV and AIDS prevalence rate of 19%; and (c) the difficulty of accessing services in a mostly sparsely populated country with many people living in remote areas. In addition, there are national concerns about domestic violence and sexual abuse. In rural areas, 44% of households are headed by females as compared to 38% in urban areas.[8] The absence of fathers in many households appears to be a significant issue. The pattern of distribution of child care is single mothers 34%, both parents 27% and neither parent 36%. The estimated number of orphans in Namibia is 155 000, of whom 13% are paternal orphans, 7% are maternal orphans and 2% have lost both parents.[9] The estimated number of orphans *and* vulnerable children (OVC) is 250 000.[10]

The major social transfer strategies to support children are in the form of cash grants, but eligibility is determined more by social circumstances than by income poverty. Being looked after by relatives is the main type of care provided for OVC. Currently the MGECW pays maintenance grants for 80 170 children and foster care grants for 13 003 children. The total number of households in receipt of these grants is 55 408. The foster care system appears more commonly to be used for securing income to look after a child rather than for securing care for a child. In the majority of cases, the child is already in the care of a relative through customary kinship placement and the relative approaches the MGECW for the grant. In order to secure the grant, a court order is obtained after a social worker submits a report. The coverage of the grant is increasing, and MGECW social workers are stretched by the workload involved in conducting investigations on the circumstances of families, taking the cases to court, and renewing the foster care orders after two years. Foster care grants are not means tested, so poor families are not specifically targeted for these grants.

The assessment found little evidence of many children being fostered by non-relatives, and few cases of adoption were found. Namibia has a total of 42 registered and unregistered children's homes, i.e. those known to the MGECW, which together accommodate approximately 1 000 children. The material conditions and facilities were found to be of reasonable standard in most of these homes. Children are admitted to the 20 registered homes by way of a social worker assessment and a court order. This practice is variable as regards non-registered homes. Major issues concerning the homes were inadequate staffing and the qualification of some managers. Figures indicating reasons for admission into children's homes are not available.

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8 Namibia Demographic and Health Survey (NDHS) 2000.
9 Preliminary findings, NDHS 2006.
10 Ibid.

More problematic is case management by social workers once children have been placed in the homes. Children appear to be permanent residents and they have limited contact with social workers. In many homes there are no care plans for the children and the placements are not periodically reviewed. Estimates by managers of some homes suggest that between 25% and 35% of children have been inappropriately placed and could be reunited with their families. The place of safety system is not operating efficiently, with social workers not following up on placed children and magistrates refusing to grant extensions of place of safety orders. Most of the homes visited received money from donations, with only a small proportion of the child care costs being met by state grants or place of safety fees.

Namibia has a national development strategy in its Vision 2030 document and is working on the Third National Development Plan (NDP3) which will provide for implementation of the National Plan of Action for Orphans and Vulnerable Children.

The Children's Act of 1960, enacted during the apartheid era but still applicable in Namibia, was neither intended nor designed to cater for the volume of cases of children in need of care brought within its ambit by HIV and AIDS. The provisions for the use of foster care[11] for children of relatives who have "care" but are in need of "cash" are very difficult to apply in practice. From 1994 to 2008 there was a rapid increase in the number of children found to be in need of care. In 1994 there were 453 children in need of care in terms of the Children's Act,[12] while in 2008 there were about 1 008 children in children's homes and 13 003 in need of care who were being fostered.

The Child Care and Protection Bill was first proposed in 1994. It anticipates various welfare systems for children, but the current draft does not envisage how these will be managed. This is a detailed piece of legislation covering a wide range of issues (e.g. adoption and the creation of a Child Welfare Advisory Council and a Children's Ombudsperson), not all of which relate exclusively to children in need of care and protection. It is recommended that the current draft be reviewed by the magistrates and practitioners who will have to operationalise it.

The service delivery system for child care and protection was managed by the Ministry of Health and Social Services (MoHSS) until 2002 when the newly instituted Ministry of Gender Equality and Child Welfare took over this function. Gradually the child care and protection cases are being transferred from the MoHSS to MGECW social workers in the field. Although the MGECW is recruiting new staff, it is still understaffed in the regions and the current staff face limited capacity in the regions to manage the growing child abuse caseload, child justice, the grants system and the foster and residential care caseloads. Practitioners in the regions have expressed concern that delivery of the social work service at local level is fragmented. There may be advantages for children in having a specialised service managed by the MGECW. The recent "Human Resources and Capacity Gap Analysis"[13] recommended the development of a human resources plan which could address the requirements at central level to manage and supervise not only policy but also implementation with regard to children's homes and alternative care. Collecting information, registering homes and inspecting them may require additional resources in the short term.

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11 Sections 30 and 31, Children's Act 33 of 1960.

12 *A Situation Analysis of Orphan Children in Namibia*, SIAPAC, 2002.

13 "Improving Welfare Services: A Human Resources and Capacity Gap Analysis", Directorate of Child Welfare, MGECW, November 2007.

The major areas for improvement appear to be the management and processing of foster care grant applications and the management of cases involving placement in children's homes. It is recognised that some of the current difficulties have been inherited from the MoHSS. It is recommended that in the long term, a means-tested grant is made available to secure the maintenance of all children living in households whose income is below the level applied.

A number of gaps need to be addressed in the current child care and protection information system concerning children in residential and foster care.[14] More information is needed on child abuse and the responses from service providers. A study on the effectiveness of child welfare grants to improve the access of OVC to critical services will commence in February 2009.

Most of the recommendations of this assessment are provided under the following headings:

- Social transfer and prevention
- Social service development and protection
- Policy, law and regulations

On **social transfer and prevention**, it is recommended that the MGECW consider how to better support poor households headed by single mothers, and how to improve equity by providing grants to the poorest families caring for children. The main recommendation is that the foster care grant system be streamlined, and money be paid to relatives or others looking after children whose parents have died or are unable to care for the children, without the need for the court enquiry and court order. Also it is recommended that the MGECW review the grant payment system with consideration given to making cash transfers on the basis of household income.

Regarding **social service development and protection**, the strategic recommendation is that the use of residential care be reduced for children in need of a place of safety or care. A system of formalised non-relative foster care as an alternative to residential care should be developed for children who absolutely cannot be placed with their extended family. To help achieve this, case management should be upgraded by means of improving the preparation and evidence base of social enquiry reports, and by the MGECW developing standard forms to guide social workers in care and protection decision-making. For every child in residential care and non-relative foster care, there should be a file containing a full assessment and case history, details of case reviews, and care plans. Together with the WACPUs and other agencies, the MGECW should develop definitions of child abuse and guidelines for the management of child abuse cases.

It is recommended that a standard case record be introduced for each child living in a home, and that minimum data from each record be entered into a database for the purposes of planning and monitoring. The database should provide the names, ages and addresses of the child's parents, siblings and relatives, and should state whether the parents are still alive. Further, every placement of a child in a home or place of safety should be reviewed in meetings convened at the home or place of safety, attended by the child, his/her relatives and the field social worker. Prior to each review meeting, the assessment report on the child and his/her home

[14] A technical formal care monitoring guide is in final draft and will soon be published through The Better Care Network.

circumstances should be updated. During each review meeting, the care plan should be updated and the date for the next meeting should be fixed.

All children who do not need placement in residential care or who can safely return home or to relatives should be reunified with their parents or relatives. Social workers in the community can then follow up on these children and supervise their cases as necessary.

It is recommended that the MGECW convene a series of meetings with all children's homes or a representative sample to work on improving: (a) the systems of approval and registration; (b) the standards of care; and (c) mechanisms for funding placements after collecting information on the costs of care, including re-examination of the methods of paying for places of safety. For children in need of care who cannot live with relatives, it is recommended that foster care schemes be developed in line with the draft Child Care and Protection Bill. The schemes would have to be well supervised and financed with a more appropriate form of payment.

Regarding **policy, law and regulations**, a number of steps could be taken to transform the response to protection risks that children face. This transformation could reduce the need for alternative care provision and improve families' ability to care for children. The steps include the following:

- At a strategic level, the MGECW should consider looking at developing a vision for social work in advance of producing detailed child protection legislation. There is probably a need for a national debate on social work services in Namibia: priorities, coverage and delivery systems; the question of whether social work services for children should be generic or whether child care and protection and child justice are specialisations needing separate management; and, importantly, the vision of how social work should be managed when services are decentralised, including looking at the role of private/independent social workers and welfare agencies.
- As part of the legal framework, for situations where children reside full time with relatives, the MGECW could develop a new order, similar to guardianship, which is simple and cheap to manage. A different system should be used for foster care with non-related caregivers. It is recommended that the care of OVC by relatives no longer be referred to as foster care but rather as *kinship care*, and that kinship care be subject to different and simpler procedures that still protect the rights of the child and still transfer parental responsibility. The new order would entail changes in the short term in the way that grants are paid, and probably a stronger role for family members and community/traditional leaders in placing children. (For the long term, consideration should be given to paying grants based on different criteria, such as income, household size and assets.)
- Built into a system of formal kinship care would be a means of registering the child's residence with the carers, and criteria by which social workers can assess whether the kinship care is in the best interests of the child, e.g. where the carers are elderly or infirm, or very distant relatives or child-headed households.

Overall the MGECW and civil society partners have made great strides in creating systems to provide a continuum of care for children in need of care and protection. With the burgeoning numbers of OVC requiring care and protection, it is recommended that alternative care systems be strengthened with proper gatekeeping and follow-up mechanisms, and that these adjustments are legislated in the draft Child Care and Protection Bill.

1. Introduction

This assessment report on Namibia's capacity to manage alternative care for children in need of care has been written following a 16-day assessment visit to 5 of the country's 13 regions. This report has been prepared specifically to serve as reference material for use by the MGECW and UNICEF.

The purpose of the assessment was to:

- assess the volume and quality of alternative care provision and informal care;
- assess and analyse a sample of residential care;
- critically analyse policy and law on, and standards and practices in the provision of alternative care;
- critically assess government and civil society capacity to implement, monitor and report on alternative care at the national, regional and district levels; and
- develop a country model of minimum capacity requirements and resources to manage systems of alternative care.

The MGECW and UNICEF Namibia expected the assessment to pay special attention to the use of residential care and the existing standards and facilities in children's homes.

The regions and cities/towns/district visited during the in-country assessment were:

(1) Khomas Region – Windhoek district;
(2) Otjozondjupa Region – Okahandja;
(3) Erongo Region – Usakos, Swakopmund and Walvis Bay;
(4) Hardap Region – Rehoboth; and
(5) Karas Region – Keetmanshoop.

Interviews were conducted with MGECW social workers, the heads of children's homes and places of safety, children in one children's home, staff of the WACPUs, the MoHSS and NGOs, and the Commissioner of Child Welfare. (See the list of interviewees included in this report as Annexure 1).

This assessment report has been written using a transformative social protection framework[15] adapted for studying both the capacity to manage and the use of alternative care.

Conceptual framework for social protection[16]

Social protection is generally understood to be a set of public actions which address poverty, vulnerability and exclusion throughout the life cycle. Social protection can increase the effectiveness of investments in health, education, water supply and sanitation, as part of an essential package of services for citizens. Given children's dependence on adults for care and protection, the risks of extreme poverty for children are compounded by the weakening or loss of the family.

Child-sensitive social protection is an emerging framework.[17] It includes systems to mitigate the effects of poverty on families, strengthen families in their child care role, and enhance access to basic services for the poorest and most marginalised. Since the most at-risk children live outside family care, child-sensitive social protection systems should also be responsive to this vulnerable group, as well as to children facing abuse or discrimination at home. A comprehensive child care and protection system includes the following broad sets of interventions:

- **Social transfers** – regular, predictable transfers (cash or in-kind, including fee waivers) from governments and other community entities to individuals or households, which can reduce child poverty and vulnerability, help ensure children's access to basic social services, and reduce the risk of child exploitation and abuse.
- **Social insurance** – supports access to health care for children, including the most vulnerable living outside of families, as well as services to support communities and other subsidised risk-pooling mechanisms, preferably with contribution payment exemptions for the poor, reaching all households and individuals, including children.

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[15] See "Transformative Social Protection", Stephen Devereux and Rachel Sabates-Wheeler, IDS Working Paper 232, October 2004; and *Social Protection in Eastern and Southern Africa: A Framework and Strategy for UNICEF*.

[16] See (1) "Social Protection for Vulnerable Children in the Context of HIV and AIDS", IATT Working Paper, July 2008; (2) "Transformative Social Protection", Stephen Devereux and Rachel Sabates-Wheeler, IDS Working Paper 232, October 2004; (3) *Social Protection in Eastern and Southern Africa: A Framework and Strategy for UNICEF*; and (4) "UNICEF ESARO Regional Management Team Social Protection Statement".

[17] "Child Sensitive Social Protection Interagency Draft Statement", 28 July 2008.

- **Social services** – include family and community services to support families; alternative care services for children outside family environments; and social welfare services such as child protection and assistance to access other services and entitlements.
- **Policies, legislation and regulations** – protect families' access to resources; promote employment; support families in their child care role, including fee exemptions for basic social services for the poor; and provide for anti-discrimination measures.

For the purposes of this alternative care assessment, the child-sensitive framework has been adapted and issues are addressed under the following headings:

Social Transfers and Prevention: These are actions taken to enable children to live with their family and keep families together or prevent separation of family members. They are designed to prevent deprivation, neglect and abuse, or to prevent the need for alternative care. They include mechanisms such as health and unemployment insurance, non-contributory pension schemes, grants and income support. In theory, if resources are used for cash transfers, grants, social protection and improving housing, health and education, the need for social services to provide alternative care and protection for children would be much reduced, as would the need for child justice services.

Social Services and Protection: This refers to a range of social work interventions such as counselling, day-care centres, other community-based support centres, and programmes that offer alternative care and protection for children, including informal and formal care systems such as kinship care, foster care, residential placement, guardianship and adoption.

Policy, law and regulations: This refers to interventions that address social inequity and social exclusion, including the legislative process, legal and judicial reform, policy review and monitoring, budgetary analysis and reform, and interventions to effect social and behavioural/ attitudinal change.

It should be noted that many interventions or activities can fall under more than one heading, if not all. It is particularly difficult to place community-based and social work interventions that target children in need of alternative care and children at risk of abuse.

Social protection is increasingly becoming part of the political agenda in Africa. The Livingstone Accord (March 2006) was a major political landmark for social protection in the region. Thirteen countries in East and Southern Africa (ESA), under the auspices of the African Union, committed themselves to developing national social protection strategies and integrating them into national development plans and budgets. This commitment opens up new opportunities for agencies working with governments on the fulfilment of children's rights to survival, development and protection.

2. Socio-economic Context

Namibia is sparsely settled, with an average of 2.2 people per square kilometre.[18] Aside from towns in central Namibia and on the coast, settlement is densest in the six northern regions, where some 60% of the country's population live. The national population in 2001 was 1 826 854, based on an annual population growth rate of 2.6% (AIDS-adjusted, compared to an estimated 3.16% per annum growth without AIDS).

Namibia has been classified as a middle-income country, which has a negative effect on its ability to attract international development aid. However, according to the National Plan of Action (NPA) for OVC, Namibia has been ranked as the most unequal country in the world in terms of division of wealth, with 35% of the national population surviving on U$1 per day and 56% on U$2 per day. Wages and salaries are the main source of income for almost half of all households, with unemployment calculated at 37% in 2004. Women are disproportionately represented amongst the unemployed, with 43% of all women unemployed compared to 30% of all men. Some 23% of all households rely on subsistence farming and 12% rely on a pension as their main source of income.[19]

[18] Population and Housing Census 2001.
[19] NPA for OVC, MGECW, 2007.

2.1 Children

According to Namibia's Vision 2030 document,[20] a child is any male or female under 21 years of age. At 21, a person acquires full legal capacity, although certain legal rights, powers and protections apply to specific age groups. For the purposes of the Children's Act of 1960 and the NPA for OVC, a child is a person under 18 years of age. Whether under 21 or 18, more than 20% of the country's children live in poverty. There are 155 000 orphans (55% due to AIDS), and 250 000 orphans *and* vulnerable children in Namibia.[21]

2.2 Children's living arrangements

The average household size is 5.1 persons, but this figure masks the high number of female-headed households (in which the household head may be the only productive adult). In rural areas, 44% of households are headed by females as compared to 38% in urban areas.[22] The absence of fathers in many households appears to be a significant issue. The pattern of distribution of child care is single mothers 34%, both parents 27% and neither parent 36%. The figure for children living with both parents or with the mother only has remained static between the Namibia Demographic and Health Survey (NDHS) 2000 and the NDHS 2006. For children not living with a parent, the exact living arrangement or relationship of the child to the carer is currently not known.

Living arrangements for children and number of orphans[23]

Children < 15 years	% NDHS 2000	% NDHS 2006
Children living with both parents	26	27
Children living with mother only	33	33.8
Children living with father only	4	4.7
Children living with neither parent	33	36
Children living with neither parent but both are alive	–	24
Paternal orphans	9	13
Maternal orphans	4	7
Double orphans	1.1	2
Percentage of households with foster children	35*	–

* The figure for 1992 is 37%.

It is worth noting that 55% of all orphans do not live with all of their siblings who are under the age of 18.

No study has been undertaken to explain why 24% of children do not live with their own family despite both of their parents being alive. According to social workers in the MGECW, the reasons for parents placing their children in institutions or in foster care include: inability

[20] Thematic report on "Inequality and Social Welfare" (Theme 1 of Namibia's Vision 2030), accessed at http://library.unam.na/vision/default.htm.

[21] Preliminary findings, NDHS 2006.

[22] NDHS 2000.

[23] Note that children who were away at boarding school are counted as living in the household as they are *de jure* or regular members of the household (preliminary findings, NDHS 2006).

to afford the children's basic needs (food, schooling and health care); migration to rural areas to work on farms; migrations to towns to look for employment; and inability to care for the children due to a high level of alcohol abuse within the family. It is recommended that further research be conducted in this area.

The figures provided in this section on socio-economic context are important for social policy and social protection planning. As noted above, only 27% of all children live with both of their parents, while 34% live with their mother only (and she may be the sole breadwinner) and 36% do not live with either parent. The percentage of children living with grandparents who do not have the economic means to support the children is not known.

3. Social Transfers and Prevention

The major social transfer strategies to support children are in the form of cash grants, but eligibility is determined more by social circumstances than by income or poverty. The assessment did not examine the relationship between the coverage of the state welfare system and any programme assistance provided at community level by community-based and faith-based organisations (CBOs and FBOs). Currently the MGECW pays maintenance grants to 80 170 children and foster care grants to 13 003 children. The total number of households in receipt of these grants is 55 408.

The total budget of child welfare grants disbursed by the MGECW as foster care, maintenance and disability grants increased from N$130 million in 2007/08 to N$189 million in 2008/09, and is expected to be about N$311 million by 2011.[24]

[24] Medium Term Expenditure Framework (MTEF), National Planning Commission, 2008.

3.1 Formal and informal kinship care

As can be gleaned from the statistics in section 2.2 on living arrangements, the main form of placement for children not looked after by one or both of their parents is informal and most likely to be with relatives, particularly grandparents. The care received by children in such informal placements has not been researched in Namibia. It appears to be the norm that these placements are assessed by social services and overseen by the courts only when there is an application for a foster care grant.

3.1.1 Maintenance grant

The maintenance grant is paid out to single biological parents, the majority of whom are women.[25] This grant is conditional, the criteria for eligibility being that the other parent receives an old-age pension or a disability grant, or is in prison for six months or longer, or has died. This grant is paid out for a significant number of children and appears to be well respected, although applicants experience difficulties in securing the required documentary evidence, such as birth, death and marriage certificates. The payment is N$200[26] per month for the first child and N$100 for each additional child up to a maximum of six children per applicant. The intention, which is not stated, appears to be to support children where the main breadwinner is not able to provide for them.

While supporting mainly widows and families subjected to disability or imprisonment, the maintenance grant does not help the children of two unemployed parents, nor those of the single mother who has not been able to secure maintenance from an employed father. In this respect the grant criteria may be inequitable on grounds of poverty and favouring social status.

3.1.2 Foster care orders and grants

> ***"... a long and exhausting process ... only 5% of the cases are not relatives ... some children have never even seen the real mother – they have always lived with this person who now wants to benefit ... ."***
>
> ***"... a court order is necessary and the children were more in need of care than cash and the grant was insufficient."***
>
> **– MGECW social workers interviewed for the assessment**

Foster care is dealt with in this section as it appears through common usage to be an order to secure *income* to look after a child rather than to secure *care* for the child. In the majority of cases, social workers reported that the child was already in the care of a relative through customary kinship placement and the relative approached the MGECW for the grant. To secure the grant, a court order is needed on the recommendation of a social worker's report. Only non-biological foster parents who undertake the temporary care of a child found to be in need

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[25] See table in section 2 of this report.

[26] The exchange rate at the time of writing in 2008 was N$7,5 to US$1.

of care and placed in terms of sections 31(1)(b) or 50(1) of the Children's Act of 1960 qualify for the grant. The amount is N$200 for the first child and N$100 for each additional child up to a maximum of 6 children per applicant. The coverage of this grant is increasing, and MGECW social workers feel overwhelmed by the workload involved in taking each case to court and renewing each court order after two years, especially when the court determined "in need of care" to be an important factor in only a few cases.

In Rehoboth the social worker had a backlog of 60 applications and was working on 57 applications. These cases made up 40% of her total workload, and limited the amount of time she had to complete therapeutic functions. The social worker in Karas Region had 450 reports to produce on foster care. The social worker in Okahandja was processing 150 foster care cases. In Swakopmund, 37 cases were pending the social worker's report, and 47 had been processed through the courts but not yet paid. In Windhoek District in the period January to May 2008, the Commissioner of Social Welfare heard 499 cases involving 522 children found to be in need of care.

It appears that the MGECW social work service for children is becoming submerged under the administration of foster care grants, which compromises the social workers' ability to work on cases in which the main issue is the care and protection of children who are abused or at risk of abuse, rather than the processing of a grant payment. According to the social worker in Swakopmund:

> ***"[Relatives] do not like explaining the whole background to look after their relative's children; they see it as unnecessary. .... The thought of court scares them; they think they have done something wrong."***

Finally, a major issue is that by law, foster care is intended to be *temporary* care (with foster care orders issued for a period of only two years), and there is no provision made for, nor authorisation given to, relatives caring permanently for a child who has lost both parents. These children and their carers need legal solutions to give effect to their permanent living arrangements.

3.1.3 Community-based support

CAFO, an umbrella organisation, and People in Need in Keetmanshoop were the two NGOs visited who provide community-based support to people infected with and affected by HIV/AIDS. With the introduction of anti-retroviral treatment (ART), Namibia has the ability both to prevent parents from dying of AIDS and enable them to continue caring for their children. People in Need spoke of the importance of education regarding adherence to and side effects of the treatment, as well as social and nutritional support. Also important are income generation for people who have lost their jobs due to being sick and incapacitated, and early childhood development to help mothers raise young children.

This assessment did not cover in sufficient detail the community-based work of NGOs dealing with street children or other groups of poor families or children to assess the cooperation or interface between state providers of personal social services and those provided in the community by CBOs or FBOs.

3.1.4 Prevention – summary of findings

A considerable number of children are living with a single mother or with relatives.

The Children' Act 33 of 1960 was not developed in the context of the HIV and AIDS pandemic with burgeoning numbers of children cared for by relatives.

For most families (including all the applicable children) who have to appear in court for an "in need of care" enquiry, the transport costs are considerable and the court appearance is disconcerting.

It appears that in most foster care cases, the children are already living with relatives, and some have lived with the same relatives for a number of years. In accordance with customary practice, if a child's parents are deceased, the relatives agree to the placement, but for most relatives it seems that the important issue is money rather than care. An MoHSS social worker in Keetmanshoop said, "There is really no need for social work involvement; they just need to apply for the grant." In an unknown number of cases – this should be researched – both the court and the social worker thought that the child's placement with the applicable relatives was not in the child's best interests but there were no alternatives.

The foster care grant is not means tested and does not target the poor.

There is limited information available on the impact of grants on poor families. Some informants questioned whether the grants are sufficient. It appears that the grants are being used to cover other needs such as contributions to the School Development Fund and examination fees, and are conditional on school attendance.

4. Social Services and Protection

Under the heading "protection", the assessment looks at child care and protection services and social protection strategies that need to be in place to help children identified as being "at risk" due to inadequate care, an abusive environment or placement in a children's home or family which is not in the child's best interests.

4.1 Child abuse and neglect

There are 15 Woman and Child Protection Units (WACPUs) in Namibia, resorting under the Ministry of Safety and Security. The WACPUs are responsible for providing a safe haven for women and children who suffer violence, abuse or neglect. They respond to reported incidences of violence, sexual and other forms of abuse, and neglect, and provide comprehensive services to assist complainants.

In interviews with MGECW and WACPU staff in Rehoboth, Keetmanshoop and Walvis Bay, it was difficult to gather complete figures on the scale and types of abuse of children dealt with. Ill treatment and abuse of children are defined in section 18 of the Children's Act of 1960 and in the Combating of Domestic Violence Act of 2003. It is difficult for a social worker to determine the point at which ill treatment, abuse or neglect renders a child "in need of care". From discussions with social workers and managers of children's homes, it appears that neglect (poor nutrition, poor housing, inadequate parenting and/or alcohol abuse) is more likely than physical or sexual abuse to be the reason for taking a child to a place of safety.

In the event of a reported case of violence, rape or abuse, the WACPUs usually refer the case to social workers in the MGECW or MoHSS. Linkages are weak as the social workers do not always have the capacity required to provide adequate follow-up, counselling and placement due to their large workloads.

4.1.1 Sexual abuse

According to the WACPU in Rehoboth, sexual abuse of children is in most cases committed by a family member, but there are no places of safety available in the town, and frequently the child's mother aligns herself with the perpetrator who is the breadwinner. If a child is molested in Keetmanshoop, the only place of safety is the hospital; there is no shelter for either women or children. In Windhoek, however, Orlindi Place of Safety was caring for a 9-year-old who had been raped and another two children who had been sexually abused. Friendly Haven in Windhoek exists to serve as a safe haven for women suffering violence and abuse, but was also accommodating a few abused children, which is outside this shelter's mandate and it was not staffed to provide the necessary care. This situation appears to be due to children's homes being unwilling to accommodate boys or girls who have been abused.

Violence against and abuse of children, especially girls, is a major protection issue that is difficult to quantify in terms of the abuse itself and the actions that follow to protect a child. More than 1 100 rapes and attempted rapes are reported to the Namibian Police each year, and more than a third of the victims are children under age 18.[27] Despite these high figures, research suggests that many cases of child rape are unreported, with many children fearing that they will be blamed for the situation if they speak out.[28] For example, a UNICEF study published in 2006 produced disturbing findings on children's experiences of forced sex: 25% of respondents aged 10-14 and 15% of respondents aged 10-15 had experienced one or more forms of sexual abuse. Half of those aged 10-14 who had already had sex said that they had been forced into it, or had been paid or given a gift in exchange for sex. The Legal Assistance Centre's study on rape published in 2006 found that 13% of the perpetrators in a sample of about 400 police dockets were boys under age 18.[29] The present assessment did not find any information regarding the amount of sexual abuse perpetrated against children by people living in the same household. With this type of abuse especially, agencies may have to take action to protect the victim and other children at risk in the household.

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[27] NAMPOL statistics for 2003-2005, as reported in Legal Assistance Centre, *Rape in Namibia* (Full Report), 2006, at page 8.

[28] Rachel Jewkes et al, "Child Sexual Abuse and HIV: Study of Links in South Africa and Namibia", Medical Research Council, Pretoria, 2003, at page 11.

[29] *Rape in Namibia* (Full Report), at page 179.

4.1.2 Findings on child abuse and neglect

Given the statistics on abuse in the NPA for OVC, abused children appear under-represented in the children's homes and in the social workers' workload.

Removal of an abusive breadwinner places a household in the situation of having no income. In such cases, the child's mother is concerned about both the abuse and the loss of income. Without financial support, the mother is liable to make decisions that place the child at further risk.

4.2 Fostering by non-relatives

Currently it is not known how many children in need of care are fostered by non-relatives. The number of cases is probably small. This assessment found no evidence of social workers actively recruiting foster parents or a bank of foster parents able to receive children, particularly young children, on a place of safety order.

HOPES PROMISE ORPHAN MINISTRIES – BEADS OF HOPE

This organisation manages 11 foster family homes across Namibia. Children are referred by the MGECW, and up to five children are placed in each family. These are long-term placements with the expectation that the care will be permanent. With donations from abroad, the organisation pays N$375 per child per month plus N$900 per household, and also covers the costs of medical care and education for *all* children in the household. This is on top of the MGECW foster care grant for each child. Also, the foster parents receive training. Only one family out of the 11 are relatives. Hopes Promise Ministries felt that foster care approval would not have been given had they not purchased a home or provided support to the foster family.

4.3 Children's homes and places of safety

"There are many children who do not need to be here. It is difficult to get the social workers to work on the cases. This is particularly true of the cases placed by MoHSS social workers."

– Social worker working in a children's home

"Institutions are a dumping ground by social workers who make no visits, no phone calls, no reconstruction reports and no indicators of what progress has been made in the child's family."

– Person in charge of a children's home in Windhoek

Section 42 of the Children's Act of 1960 gives the MGECW (as the ministry responsible for social welfare) the oversight capacity to register and regulate existing children's homes, and to develop relevant welfare regulations, programmes and strategies.

In general the children's homes are only allowed to make day-to-day decisions on care and control. The major life decisions affecting children are made by the social worker and by the

court on the social worker's recommendation. These decisions pertain to the placement of a child in foster care or a home, and if a home, the type, location and period of residence there, and where the child will live after leaving the home.

An analysis of the situation of orphans in Namibia published in 2002 states:

> "*Respondents did not feel that these centres were expanding at a level to keep up with rising numbers of orphans, in part because of the resources required to so expand, but also because of MOHSS's policy of placing children in foster homes or under the care of extended family members. MOHSS was also concerned that its existing social workers could not cope with increasing demands in terms of children in need, such as orphans, and that already the quality of work was being negatively affected.*"[30]

For the purposes of this alternative care assessment, the following registered homes were visited:

- Namibia Children's Home, Windhoek
- SOS Children's Village, Windhoek
- Dutch Reform Church Benevolence Board Children's Home, Windhoek
- Orlindi Place of Safety, Windhoek
- Friendly Haven Place of Safety, Windhoek (Khomasdal)
- The Ark, Rehoboth
- The Ark, Keetmanshoop
- Erongo House of Safety, Swakopmund
- Children's Education Centre, Usakos

The other two homes visited were unregistered:

- Megameno Children's Home, Windhoek
- Hope House Refuge, Walvis Bay

4.3.1 Number of homes and national coverage

In 2008, Namibia has a total of 42 children's homes and places of safety. Only one, a children's home in Windhoek, is a government-managed home. A total of 20 are registered homes and 21 are unregistered. Prior to 2002 there was a total of only 9 children's homes and places of safety in the country.[31]

Children's homes and places of safety in Namibia, 2008

	Registered	Government	Unregistered	Total
Number of homes	20	1	21	**42**
Number of children	449	118	441*	**1 008**

* Data is missing for 5 or 6 unregistered homes.

[30] *A Situation Analysis of Orphan Children in Namibia*, SIAPAC, 2002.
[31] Ibid.

RESIDENTIAL CARE PRIOR TO 2002

"There is one state-run children's home in Namibia, the Namibia Children's Home previously administered by the Dutch Reformed Church. This home has a capacity for some 120 children, and as of mid-1999 was housing 100 boys and girls between the ages of 2 and 19. Most of these children were removed from their homes because of unsatisfactory family circumstances, while some were problem children beyond the control of their parents. There are 6 private institutions registered as children's homes under the Children's Act. There are two SOS children's homes, one in Windhoek and one in Tsumeb, caring for 169 children. Other facilities include the Dutch Reformed Church's Children Home that has 20 children, the Educational Centre in Usakos, the Youth Guidance Centre in Okahandja, the Kids Shelter in Rehoboth, and the Erongo Place of Safety in Swakopmund which offers temporary placement for children."

– ***A Situation Analysis of Orphan Children in Namibia*, SIAPAC, 2002**

According to the most recent MGECW data and the assessment visits, the total number of children in the 42 homes is 1 008, but figures are not available for 5 or 6 unregistered homes. There is currently no national breakdown of the figures by age or gender, nor is there a national picture of the number of admissions, transfers and discharges per annum. Most of the homes visited accommodate children from different regions of the country. There is no national data reflecting the reasons for children being placed in the homes and the durations of their residence.

The Commissioner of Child Welfare said that the system of short-term placement in a place of safety is being misused, and that social workers fail to ask the courts for long-term placement orders. In part, it seems, this has to do with social workers being burdened with other work and few alternative community care options being available.

Social workers, WACPU staff and the Commissioner of Child Welfare were concerned about the lack of places of safety in their districts and reluctance on the part of residential homes to receive teenage children with behavioural problems.

4.3.2 The children

The homes visited for the assessment cater for both sexes, and in most of them the ages of the children ranged from a few months to 18 years plus. There were relatively few babies in the homes visited. The reasons for admission ranged from orphanhood, abandonment, neglect and abuse. In the Namibia Children's Home in Windhoek, the social worker thought that admissions were due more to neglect than abuse, with poor parenting and alcohol abuse being critical factors.

Several homes visited were unaware of the reason for some of the children's admission and wanted this question to be addressed to the social worker in the region.

One home had dismissed staff on the strength of evidence of their having abused children in the home. Out of the 30 staff members in this home, 4 had been dismissed for inappropriate behaviour over a 5-year period.

4.3.3 The children's families

"The children will all go and live with their relatives when they leave."

– Staff member at a home in Keetmanshoop

Most of the homes said that children had parents or relatives, and that contact was allowed in the form of visits to the home or the children going to stay with their parents or relatives during the holidays, with the social worker's consent.

At The Ark (children's home) in Keetmanshoop, out of 28 residents at the time of the visit, 15 were double orphans, and 10 had no contact with relatives. It was uncertain how many of the 10 had no relatives. At Orlindi Place of Safety in Windhoek, 4 children had been reunited with family members in 2008.

With regard to young abandoned children, the assessment found a need for tracing records following the responsible social worker's move to a different office or retirement. The transfer of cases of children in places of safety from MoHSS social workers to MGECW social workers is still ongoing. As cases are transferred, the court orders are being updated. However, in many cases, information about a child is held only by the social worker in the MoHSS or the MGECW or a children's home, and if the social worker holding the information is stationed several hundred kilometres away from the child and the child's family, it is difficult to discover the full picture of the child's family background.

4.3.4 Court orders and legal process

For the majority of the children in the registered homes and one unregistered home visited, court orders were obtained by MoHSS or MGECW social workers. In one registered home, the orders were obtained directly from the court by the home's approved social workers, so it seems that there was no necessity for state social workers to be party to these cases.

A major issue is the misuse of place of safety orders, with magistrates refusing to keep renewing these orders if proceedings for full orders under sections 30 and 31 of the Children's Act of 1960 have not been started. Some social workers are placing children in unregistered homes because there is a shortage of places in registered homes in their districts.

4.3.5 Case management

Assessments: As part of the court enquiry, the field social worker assesses the child and his/her family situation. In most of the children's homes visited, a copy of the social worker's report was attached to the court order. At The Ark in Keetmanshoop, a selection of these reports was picked out at random. It is recommended that the MGECW conduct an audit of these reports to evaluate the basis on which the social workers made their recommendations (e.g. home visits, interviews or discussions with family members) and what alternative placements were considered. In some of these reports, reference is made to factors such as "the father's irresponsible behaviour" without any further explanation of what the behaviour or other factor entailed and how it affected the care of the child. Staff at the Namibia Children's Home and the SOS Children's Village thought that respectively 25% and 25-35% of the children in their care could live with parents or relatives and did not need a residential placement.

Care plans: There was limited evidence of a formal planning process for a child's stay in a home. It appeared to be the expectation that a child would remain in the home until he/she completed school. The length of stay in the home and preparations for leaving appeared to be a decision taken by the home. Each child in the SOS Children's Village has a care plan.

Periodic review of placement:[32] The visits to homes indicated that the placement review process is not being carried out adequately or to "best practice" standards. Homes are not receiving updated family situation reports from social workers, and social workers rarely visit the children after the first three months of their stay in a home. There was no evidence of social workers, the staff of homes, school personnel, parents and children sitting together to review children's progress or care plans.

Leaving the home / reunification: The Erongo House of Safety and all three Ark homes have made considerable efforts to reunify children with their parents or relatives. The figures shown in the table below, coupled with observations of staff of the Namibia Children's Home and the SOS Children's Village, suggests that reunification with family members would be possible in a number of cases.

Home	Capacity	Children reunified in 2008
The Ark Keetmanshoop	54	28
The Ark Rehoboth	28	10
The Ark Okahandja	20	14
Erongo House of Safety	27	10

4.3.6 Facilities and the care environment

All of the homes visited except for Megameno Children's Home were found to have adequate material standards. Megameno was too small for the number of children it was accommodating and had an open drain running across the compound. Erongo House of Safety was built to serve as a hostel for migrant workers, and with the development of standards of care might be assessed in future as being an unsuitable care environment for young children placed there on a place of safety order.

The Ark homes, SOS Children's Village, Children's Education Centre and Namibia Children's Home use a cottage system, which entails placing mixed (age and gender) groups of children in separate units, each staffed by a house mother (with or without the presence of her own husband or family in the cottage). The number of children in each cottage generally ranges from 8 to 12. This provides a family atmosphere and stable environment, and is considered to be best practice in Namibia. This system also lends itself to long-term care and attachments.

Another home was concerned about possible abuse on the part of the house mother's spouse. Another major issue that warrants further investigation is that of staff having time off or taking leave while ensuring 24-hour coverage in a shift system.

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[32] See UN Convention on the Rights of the Child, Article 25: "States Parties recognize the right of a child who has been placed by the competent authorities for the purposes of care, protection or treatment of his or her physical or mental health, to a periodic review of the treatment provided to the child and all other circumstances relevant to his or her placement."

The facilities provided in some of the homes, such as televisions, computers and music centres, are unlikely to be matched by the facilities in the children's own family homes.

4.3.7 Management and staff

The registered homes are required to have management committees and these appeared to be in place. However, the assessment did not look in depth at the role of these committees. Generally the numbers of care staff seemed insufficient for providing adequate care around the clock for seven days a week. Understaffing and a lack of training may in part explain the homes' reluctance to admit older children.[33] Two homes[34] had recently discharged older children whose behaviour was considered difficult. It appears that there are no set criteria for the qualification of the person in charge and other staff in the homes.

For 88 children in its cottage system and 16 children in its 2 hostels, the SOS Children's Village in Windhoek employs 11 house mothers (all single women), 5 assistant house mothers, 2 hostel staff, 4 support and administrative staff, and 4 gardeners/labourers/cleaners. The Village provides in-house training for staff as well as courses in South Africa. Staff retention is strong, with all the house mothers having completed 6 years of service. By comparison, Megameno, an unregistered children's home, struggles to meet staffing standards, its staff including only the person in charge, a live-in helper and a volunteer. Megameno was accommodating 17 children with 4 on ART. Orlindi Place of Safety was looking after 20 young children with 5 staff, 2 of whom live on the premises.

4.3.8 Education and health

All of the children of school-going age in the homes visited, except for those in the Children's Education Centre and SOS Children's Village, were said to be attending a school in the local community. This is a positive finding in that integration in a local school is critical for children to make friends with children outside the homes and to feel that they are part of the local community. At Orlindi Place of Safety, 4 children could not go to school because they had no birth certificate.

There were no concerns reported about the health of children in the homes. However, a number of children were infected with HIV and a few were receiving ART.

4.3.9 Funding

Registered children's homes and places of safety are entitled to receive a subsidy or a place of safety allowance from the MGECW. The homes visited do receive these grants, yet none were able to say what the grant amount was. For children in places of safety, the homes registered as such are entitled to apply for an allowance of N$10 per child per day. However, as many of the place of safety orders had lapsed or had not been renewed by the court, this funding arrangement had left the places of safety without state income for many of the children in their care.

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[33] The SOS Children's Villages only admit children up to 11 years.

[34] Erongo House of Safety and the Children's Education Centre.

Orlindi Place of Safety was managing to compensate for the lack of state funding with funds received from other sources, and had recently been granted permission to build a larger home on another site. Megameno, which had not received any state funding since the lapsing of the place of safety orders for all of the children in its care, was compensating with funds from both an expatriate and the local community.

The SOS Children's Villages seek individual sponsorship from Europe for each child in their care. The sponsored money follows the child if he/she was returned home.

The Ark homes require approximately N$2 000 per child per month, and external funding contributes 80% of these costs. At the Children's Education Centre, the state subsidy covered 5% of the monthly costs.

4.4 Children's homes and places of safety – summary of findings

The development of quality care standards or the reintroduction or greater enforcement of a regulatory framework would improve the management of the homes and the care of the children residing in them.

In most homes, the material standards and the health and education of the children were found not to be issues of concern.

Many of the homes would probably find it difficult to meet staff and management qualification standards. Generally the number of care staff is insufficient. The cottage system is the norm in the larger homes, with permanent house mothers looking after 8-12 children for 24 hours a day and 7 days a week. New standards would probably require homes to increase the staff-to-child ratio over a 24-hour period and to employ staff in shifts. It is probably also necessary to examine the benefits or otherwise of staff living with their own families on the premises.

The system for gathering information on children living in children's homes is incomplete, and system improvements are needed. It is probable that a number of children have been inappropriately placed in the homes or have overstayed. These children could be reunified with parents or relatives but more information is required to substantiate this observation.
The current laws and regulations pertaining to the registration of homes would benefit from modernisation, for example with regard to police record checks on staff. However, the laws are still adequate for the implementation of registration and the monitoring of homes.

The place of safety system, including MGECW monitoring and financing of the placements, needs urgent review and overhaul.

There is a risk that with increased external funding for children's homes and places of safety, the payment of state subsidies and place of safety allowances will be insignificant for most homes, which may lead to some homes being more difficult for the MGECW to regulate.

The management of cases of placement of children in homes needs improving. It seems that social workers are not prioritising the residential care and protection caseload. There are few

care plans and documented periodic reviews. MGECW management supervision of the social work caseload is necessary to improve the quality of field supervision of children in homes and follow-up of placements.

Court orders are serving as legal authority for placements in registered homes but not necessarily in unregistered homes.

Finally, according to staff in some homes, 25-35% of placements are not necessary. The cases of these children in particular should be urgently documented and reviewed.

5. Strategies, Policies, Laws and Regulations

In this section we will examine strategies, policies, laws and regulations that provide the enabling framework for prevention and protection. It is the transformative strategies that give children and families the opportunity to take part in development.[35]

5.1 Policy and planning

The thematic report on "Inequality and Social Welfare" (Theme 1 of Vision 2030) written prior to Namibia's Vision 2030 document recognised the need to improve the household economy and modernise the legislation:

[35] IDS Working Paper Transformative social protection Stephen Devereux and Rachel Sabates-Wheeler October 2004, IDS, Brighton, Sussex, UK.

> "*When Namibia ratified the United Nations Convention on the Rights of the Child in September 1990, it entered into a pact with its children. The country pledged to ensure the survival, development, protection, and participation of its youngest and most vulnerable members. Although Namibia has achieved much in terms of the Rights of the Child, a lot more needs to be done. Adequate household resources are a precondition for effective realisation of the Convention. Legislation governing the protection of children is outdated and needs urgent revision. The child-centred laws that are waiting to be passed since the mid-1990s include the Child Care and Protection Act for children in need of care and protection, the Children's Status Act, which removes discrimination against children born out of marriage, and the draft Maintenance Act.*"[36]

(The Children's Status Act No. 6 of 2006 is not yet in force at the time of writing in 2008, but the Maintenance Act No. 9 of 2003 *is* in force. The Child Care and Protection Bill is still in draft form.)

Vision 2030's development objective and strategy are spelt out under the heading "Fostering and Orphanage".[37] It is recommended that the MGECW review these and translate them into plans for inclusion in the country's next National Development Plan. An important international document that provides guidance for improving the policy framework is "Enhanced Protection for Children Affected by AIDS".[38] Circulation of this document in Namibia to policy-makers and practitioners could be helpful.

It appears that the Third National Development Plan (first draft)[39] very much includes the NPA for OVC, and recognises the need to improve the state social welfare and social protection systems and to run these systems efficiently. There is also a desire to have "effective and well managed welfare organizations, providing social welfare services to vulnerable and marginalized people in society … which complement the social welfare services of Government", and to put in place new legislation to improve the operation of non-profit organisations.[40]

5.2 Laws and law reform

The Children's Act of 1960, which is still in force, is nearly 50 years old. Neither the Act nor the regulations adequately protect children in Namibia in 2008. The fact that it hails from the days of apartheid discredits this legislation. However, being the only legislation on children in force today, social workers and the courts abide by it where possible. This Act was neither intended nor designed to cater for the volume of cases of children in need of care brought within its ambit by HIV and AIDS. The use of foster care[41] for children of relatives who have "care" but are actually in need of "cash" is problematic as the foster care system is being overburdened

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36 Thematic report on "Inequality and Social Welfare" (Theme 1 of Namibia's Vision 2030), accessed at http://library.unam.na/vision/default.htm.

37 See Annexure III herein.

38 The full title being, "Enhanced Protection for Children Affected by AIDS: A companion paper to the Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS", UNICEF, March 2007.

39 "First Draft of the Third National Development Plan (NDP3), 2007/08 to 2011/12 (Volume 1)", accessed at http://www.npc.gov.na.

40 Ibid.

41 Sections 30 and 31 of the Children's Act of 1960.

with applications from carers in need of financial support. Since 1994 there here has been a rapid increase in the number of children in need of care. In 1994 there were 453 children in need of care under the Children's Act,[42] and in 2008 there are over 1 000 children in children's homes and places of safety, and 13 003 fostered children are in need of care.

The Child Care and Protection Bill has been in various draft forms since the 1990s. The current draft does not place obligations on the national and regional governments to formulate strategies, write reports, monitor and ensure a continuum of care. For all provisions in the Bill, it is recommended that the government put in place norms and standards. The draft anticipates Namibia having a social services system for children but does not envisage how this will be managed.

The draft Bill is a detailed piece of legislation covering a wide range of issues (e.g. adoption and the creation of a Child Welfare Advisory Council and a Children's Ombudsperson), not all of which relate exclusively to children in need of care and protection. The issues relating to children in need of care and protect require further attention. In particular, the functions of the proposed Child Welfare Advisory Council may need reviewing to see if they are in harmony with the policy, planning, monitoring and evaluation functions of the MGECW.

This assessment backs the Legal Assistance Centre's comment that this very detailed proposed Bill needs reviewing section by section by the magistrates and practitioners who will have to operationalise it.

Chapter 7 of the current draft could become very difficult to implement if the term "foster parent" also covers relatives who take care of orphans and other children, as not only are similar court procedures envisaged, but also comprehensive processes for approving and training foster parents. The implementation problems under the current legislation with regard to foster care by relatives are not solved by the provisions in the draft Bill. Formal foster care should only be for those children who absolutely need the protection of the state or networks of NGOs to provide care, and should be developed and resourced as a true alternative to residential child care facilities (RCCFs).

In terms of both policy and law, the paying of money to carers who are relatives would benefit from more research. A considerable number of children in Namibia are cared for by relatives, a situation which is regulated by the state only if the family applies for a foster care grant. In other countries this kinship care has been found to have both positive (education and opportunity)[43] and negative (domestic labour and exploitation)[44] effects on children. It may be useful for Namibians to debate this issue to see how far families wish to have their decisions on the care of children regulated by the state social work service and the courts. However, in view of the current struggle to process and review foster care cases, it seems appropriate that a more streamlined and efficient process be found which acknowledges the responsibilities of carers for relative's children and protects the rights of those children. Child protection safeguards may be needed where certain criteria are met, i.e. if there are elderly grandparents or distant relatives caring for children who feel no duty to care for them. It may

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42 *A Situation Analysis of Orphan Children in Namibia*, SIAPAC, April 2002.

43 *Kinship Care: Providing positive and safe care for children living away from home*, Save the Children, 2007.

44 "A study of child domestic work and fosterage in northern and upper east regions of Ghana", Nana Araba Apt, 2005.

be necessary for the social workers to review such cases to determine whether the care is in the best interests of the child, and the alternatives if not.

5.3 Service delivery systems and structures

In 2004 the Cabinet decided to reassign the custody and administration of the Children's Act of 1960 from the Ministry of Health and Social Services to the Ministry of Women Affairs and Child Welfare, which was reorganised as the Ministry of Gender Equality and Child Welfare in March 2005. The actual transfer of responsibilities began in November 2005. The Directorate of Child Welfare took over the responsibility for registering adoptions, and for registering and monitoring RCCFs and providing subsidies to such facilities. All social work services for children are now the domain of the MGECW. However, the MoHSS staff are still in the process of transferring case files to the MGECW staff, and files are not transferred until they are up to date. These include foster care cases and those involving place of safety orders and children placed in children's homes.

In assessment interviews it became apparent that there is some role delineation confusion between the MoHSS and MGECW social workers, and the WACPUs.

> ***"It is complicated and confusing. If this is happening to the leaders, it must be worse for the clients."***
>
> **– MoHSS social worker**

In reporting on results of NDP2, NDP3 recognises that fragmentation of services as different ministries take over responsibilities during the alignment period has affected performance, especially in relation to social welfare.[45]

The MGECW social workers visited in Keetmanshoop, Rehoboth, Walvis Bay, Swakopmund and Okahandja appeared to have very big caseloads which prevent their meeting all of the competing demands for their time. Responsibility for processing foster care grants and cases of children who conflict with the law reduces the time available for doing child care and protection work. On the other hand, the MoHSS social workers are now able to concentrate on family work. The MGECW is recruiting more social work staff to work in the regions, but there is a shortage of qualified social workers in the country. The MoHSS is considering the position and appropriateness of social service functions within the health sector.

Namibia also has a (parallel) system of private social workers working independently or for welfare agencies. The Association of Psychologists and Social Workers approves and registers social workers as professionals, and welfare agencies are registered through the MoHSS. The Private/independent social workers can prepare adoption case files for the courts, provide guidance in cases of contested custody and access, prepare cases in terms of section 30 of the Children's Act of 1960, recommend a placement in a home[46] and manage that placement, which may or may not be funded by the MGECW by way of a monthly grant. Usually in care and protection there is competition for the (scarce) resources available – particularly places in residential homes and potential adoptive parents. For future policy and legislation, the MGECW

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45 "First Draft of the Third National Development Plan (NDP3), 2007/08 to 2011/12 (Volume 1)".

46 As in the case of the Dutch Reformed Church Benevolence Board Children's Home in Windhoek.

may wish to review the current system of approving/registering social workers and welfare organisations, not least for the purpose of ensuring equity in the service delivery system. As with children's homes, the work of private practitioners should be monitored to ensure that it meets professional standards.

Although not yet in force, section 13 of the Children's Status Act of 2006 makes provision for the court to appoint a guardian on the application of a carer or the child, but this Act deals only with children born outside of marriage. The court also has the power to request that a case be investigated.

5.4 Strategies, policies, laws and regulations – summary of findings

There are national development and planning frameworks in place to guide ministries in the area of prevention and protection. However, the MGECW might wish to ensure that Vision 2030 is reinterpreted to place more emphasis on community care and keeping families together.

The Children's Act of 1960 is outdated, but the social workers and courts are doing their best to work within outdated law, applying this legislation as far as possible, which is better practice than has been found in some other countries.[47] New care and protection legislation is needed, but care should be taken to ensure that the detail in the eventual new legislation is not written in until some of the wider social policy questions have been addressed, particularly those relating to the role of the state in overseeing kinship care and the type of social work services to be provided by the state. The present emphasis is on individual case work in social service delivery. More consideration could be given to the role that community development, and especially income-generating activities, could play in tackling care and protection issues that arise from poverty, homelessness or a lack of support for people living with HIV and AIDS.

The MGECW is upgrading the current system of child care and protection service delivery at the point of delivery, but the number of qualified staff to manage grants and social case work are insufficient and coverage is low. There is a risk that the proposed legislation will further stretch this service.

The increased external funding of children's homes and places of safety may make it difficult for the state to regulate these establishments. The reliance of homes on external funding to look after children is enabling the homes to pick and choose which children to admit, and most are orphans. Consequently, children who are abused or who have behavioural difficulties may not receive the support they need. Also, homes are failing to register themselves, and social workers are placing children in unregistered homes through the courts.

The demands on the MGECW to cover policy, planning, monitoring and evaluation as well as to implement are considerable. The ministry needs to develop standards to regulate and monitor RCCFs.

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[47] See, for example, the similar alternative care assessments for Zambia, Malawi and Swaziland.

6. Observations and Recommendations

6.1 Limitations of the assessment

The information obtained in the course of this assessment of capacity to manage alternative care is probably only partly complete as it does not feature direct evidence from northern Namibia. The assessment concentrated on the use of residential care facilities for children in need of care and protection and the social welfare services available to these children. The assessment did not examine the range of community care support services provided to children in communities.

6.1.1 Areas in which information is lacking

It appears that there are information gaps in the following areas, so it is recommended that information in these areas be collected and analysed:

- There is a high percentage of children living apart from their parents when both parents are still alive. This could be so for a number of reasons, such as education or improved living standards. Further analysis would serve to ascertain the extent to which poverty and illness have contributed to this situation.
- For all of the children's homes visited, there are gaps in the information held by the MGECW in terms of disaggregated statistics/numbers of children in residential care, the reasons for and durations of placements, and the children's home circumstances.
- For foster care there are similar gaps, and it would be useful to collect similar data, but especially on children who are not fostered by relatives or are cared for by elderly relatives who find it difficult to manage. The protection risks are likely to be higher for these children. (A study on the effectiveness of grants may provide more information on the issue of children at risk.)
- The impact of grants on poor families is currently not documented. It is not known if the grants are sufficient and what proportion of the grant money is used by carers to cover education and health costs and is thereby returned to the education and health systems.
- There seems to be insufficient national data available on the number of reported child abuse cases, the prevalent types of abuse and the response of the WACPUs, the MGECW and NGOs to child abuse.
- The assessment did not gain an accurate picture of the caseloads of MGECW, WACPU and MOHSS staff in the regions. As children are placed in homes and foster care all over the country, and cases have not yet been handed over to the MGECW, it is difficult to determine whether there is regional variation in terms of the need for care, and if there is, the possible causes.
- The assessment did not look in detail at the community care services provided by CBOs and FBOs. How the state relates to these service providers is critical, since many employ the community social workers who interface with the families. They can disseminate information and spread messages, link people with services, help to ensure registration of civil society organisations, and play an important role in keeping families together.
- The adoption information system needs to be improved.

Regarding MGECW capacity to manage alternative care, the observations are as follows:

- The systems and structures are in need of reform but there is good practice to build on to protect children. The law, though outdated, is being applied.
- The qualifications and commitment of MGECW staff in the field are impressive.
- All MGECW staff interviewed appeared to be open to change and improving practice.
- MGECW and WACPU staff want to improve standards and practice in relation to child abuse.
- Capacity to manage alternative care is developing as more staff are recruited, with the number of MGECW staff having increased from 136 to 305. Anecdotal evidence suggests that there is a shortage of trained social workers coming out of the graduate course, thus it is recommended that efforts be made to increase the supply of qualified social workers.

- The MGECW is understaffed in the regions. The recent "Human Resources and Capacity Gap Analysis"[48] recommended the development of a human resource plan which could look at the requirements at central level to manage and supervise not only policy but also implementation with regard to children's homes and alternative care. Collecting information on homes, registering them and inspecting them may require additional resources in the short term.
- The number of children in residential care and the standard of care in the homes are manageable issues for the MGECW, provided that registration and monitoring are carried out alongside gatekeeping and reunification.

The major areas in need of improvement appear to be the processing of foster care grant applications and the management of cases of children in homes. It is recognised that some of the difficulties have been inherited from the MoHSS. It is recommended that in the long term, a means-tested grant is made available to secure the maintenance of all children living in households whose income is below the applicable level.

6.2 Social transfer and prevention recommendations

The major recommendation is the removal of the court enquiry and court order in cases of relatives caring for children whose parents have died or are unable to care for the children. At the same time, it is recommended that the MGECW review the system of grant payments and consider making cash transfers on the basis of household income.

A mechanism is needed to reduce the foster care caseloads carried by the social workers as they restrict the social workers' ability to work effectively with child abuse cases and children who have been placed in homes. An MGECW examination of the options for streamlining the processing of foster care grants for children cared for by relatives is recommended for the short term. At the same time it is recommended that the system of child welfare grants be reviewed and mechanisms for protecting children through kinship care be established.

The relationship between access to health care services and "universal access" (scaling up priority HIV/AIDS interventions in the health sector) and keeping mothers alive to enable them to continue caring for their children remains important. The role of CBOs in providing community support is considerable and would benefit from more analysis.[49]

See also the recommendations on policy, law and regulations below.

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[48] "A Human Resources and Capacity Gap Analysis: Improving Welfare Services", Directorate of Child Welfare, MGECW, November 2007.

[49] *Towards Universal Access: Scaling up priority HIV/AIDS interventions in the health sector*, progress report, UNAIDS/WHO/UNICEF, 2008. See also *Scaling up HIV prevention, treatment, care and support*, UN General Assembly, 2006.

6.3 Social service development and protection recommendations

For protection and social service development, the strategic recommendation is to reduce the use of residential care for children in need of care or a place of safety. A system of formalised non-relative foster care as an alternative to residential care should be developed for children who cannot be placed with extended family members as determined by a social work assessment and a court hearing.

As a middle-income country, Namibia has the potential to manage a professional social work service. This being the case, the protection recommendations are detailed, the objective being to help the MGECW to achieve best practices. The major issue appears to be the insufficient number of social workers in the regions and the capacity of the staff at central level to provide supervision across so wide a range of services. There is a lack of human resources to run a professional social service system and manage grants. Understandably, it is difficult for social workers to prioritise:

- grants;
- standards, registration and inspections;
- child justice; and
- care and protection.

It is recommended that the MGECW provide guidance to its staff in relation to workload, time management and types of cases to prioritise.

There is a need for further analysis of the benefits or otherwise of the current cottage system, and the cases of abuse of children uncovered to date. It is recommended that efforts be made to strengthen viable alternative care systems in Namibia, including strengthening of gatekeeping mechanisms at homes, and strengthening of kinship and foster care systems.

6.3.1 Case management for children in need of protection

The social worker's assessment report for court enquiries should include the following:

- Details of the visits to and interviews with the child, family members, school personnel and community members.
- The evidence that led to the statements or observations included in the report.
- Details of each family member, including name, age, sex, relationship to the child, address and phone number.
- The reasons for recommending residential care rather than that the child be fostered or cared for by relatives or returned home.

The MGECW should develop standard forms to guide social workers on care and protection issues. For every child in residential care and non-relative foster care, there should be a file containing:

- a full assessment and case history;
- details of case reviews; and
- care plans.

Together with the WACPUs and other agencies, the MGECW should develop child abuse definitions and guidelines for the management of child abuse cases.

6.3.2 Children "in need of care" in children's homes

It is recommended that the MGECW introduce a standard case record for every child living in a home, of which there should be three copies: one for the home, one for the field social worker and one for headquarters. Minimum data from these records should be entered into a database for the purposes of planning and monitoring. The database should include the names, ages and addresses of the children's parents, siblings and relatives, and must state whether they are alive.

Each placement of a child in a home or place of safety should be reviewed in meetings convened at the home or place of safety, attended by the child, his/her relatives, the field social worker and staff of MGECW headquarters. An updated assessment report on the child and his/her home circumstances should be produced prior to each review. At each meeting, a care plan should be drawn up and the date for the next review should be fixed.

All children who do not need the residential care placement or can safely return home or to relatives should be reunified.

It is recommended that MGECW convene a series of meetings with children's homes or a representative sample and work on the following:

- Improving the systems of approval and registration.
- Improving mechanisms for funding placements after collection of information on the costs of care. This should include re-examination of the methods of paying for care in a place of safety.
- Developing a set of minimum standards that can form the basis of new regulations on the care of children in children's homes.
- A system and format for inspecting and monitoring the homes.

It is recommended that a moratorium be placed on establishing or enlarging children's homes until standards are in place and case reviews have ascertained which residential care placements need to be continued. It may be that the capacity of the existing homes suffices in a well-regulated system in Namibia.

The MGECW should ensure that its social workers do not place children in homes or places of safety which are not registered.

6.3.4 Adoption

It is recommended that the MGECW conduct research on children for whom permanent care solutions need to be found, such as those who have been abandoned and live in children's homes. This research could include looking at the potential supply of children and the internal and external demand for adoptive children. The new legislation should improve the adoption processes and protect children from exploitation. With new laws and standards in place, Namibia should consider discussing The Hague Convention on Intercountry Adoption during consultative meetings on the Child Care and Protection Bill. Also, with improvements and

safeguards in place, it is recommended that adoption be given more prominence in Namibian society as a means to provide domestic permanent care. This would entail better marketing of adoption to all potential adoptive parents. (Refer to the African Charter on the Rights and Welfare of the Child (Article 24) on adoption for additional guidance.)

6.3.5 Foster care

For children in need of care who cannot live with relatives, it is recommended that foster care be developed in line with the proposals in the draft Child Care and Protection Bill. Foster care schemes would need to be well supervised and financed with a more appropriate payment. It is recommended in the short term that the MGECW recruit and train foster parents for the short-term or temporary care of children presently placed in children's homes, particularly those under five years of age,[50] in view of the finding in Europe that such placement is damaging to the development of children under five.[51] It is recommended that the MGECW develop a policy and communication strategy plus an action plan to take non-relative fostering forward rather than using children's homes or hospitals as places of safety for young children.

6.4 Recommendations for strategies, policies, laws and regulations

A number of social policy issues would benefit from consideration and research with a view to reducing the need for alternative care provision over time and improving families' ability to care for their children. Most of these issues pertain to *prevention*. The following are the major issues that need to be addressed:

- Improving support for poor female-headed single-parent households, and providing economic empowerment opportunities to enable women to be independent and to move themselves and their children away from abusive situations.
- Improving equity in social protection and targeting grants at the poorest families caring for children rather than targeting children by household characteristics or the relationship of the child to the carer.
- As part of the legal framework, the development of a new type of order that is similar to guardianship and simple and cheap to manage, to replace the foster care system in situations where children reside full time with relatives. This could be called a *kinship care* system.
- Conducting research to find mechanisms for supporting families and encouraging them to stay together, and for prolonging the lives of mothers who are at risk due to HIV and AIDS or other medical conditions.

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[50] A scientific study in 11 European countries demonstrated that significant damage is done to the cognitive, intellectual and emotional development of young children in institutional care – see *Mapping the number and characteristics of children under 3 in institutions across Europe at risk of harm*, EU Daphne Programme 2002-2003, World Health Organisation, 2004.

[51] For the most comprehensive annotated bibliography of research on the negative impacts of institutional care, see http://www.crin.org/bcn/details.asp?id=9894&themeID=1003&topicID=1023. The groundwork for documenting the adverse effects of long-term institutional care on young children's emotional, social and cognitive development was laid in the 1940s. Studies today continue to affirm the adverse effects of institutionalisation on early childhood development and to highlight the problematic nature of this as an option for older children and adolescents.

- Finding social change measures to encourage fathers to play a more active role in raising their children.
- Ensuring that access to education is not denied on the grounds of poverty.
- Giving the social work profession higher priority and training social workers to care.

With regard to alternative care, it is recommended that the care of OVC by relatives not be referred to as "foster care" but rather as "kinship care", and that kinship care be subject to different and simpler procedures that still transfer parental responsibilities and still protect the rights of the child. This would mean changes in the short term in how grants are paid, and probably a stronger role for family members and community/traditional leaders in placing children. Built into a system of formal kinship care would be a means of registering the child's residence with the carers, and criteria by which social workers can assess whether the kinship care is in the best interests of the child.

Regarding reform of the child care legislation, significant changes specific to alternative care are necessary:

- Repositioning foster care as a formal alternative to institutional care.
- Classifying as "kinship care" the many existing informal arrangements inappropriately referred to as "foster care", which are overwhelming the social welfare system's ability to administer grants.
- Strengthening gatekeeping for alternative care to ensure that children who can be with their own family are not admitted to children's homes, and that the cases of those who are admitted are reviewed regularly with the goal of family reunification.
- Clarifying the position on international adoption and putting in place systems and processes to allow for ratification of The Hague Convention on Intercountry Adoption.

Recommendations on investment in the social welfare and social work infrastructure:

- Increase the availability of trained professional social workers willing and able to work in the government professional social services. Possible actions for achieving this are to strengthen the schools of social work and paraprofessional training, and funding for supported social work training.
- Improve the national accreditation system for child care providers – both agencies and individual professionals. Allied to this would be the MGECW developing professional standards and guidelines for social work practice, and monitoring the performance of agencies and private social workers.
- The MGECW has a considerable amount of standard-setting and policy development work to carry out in the short and medium terms. It also has to develop its capacity for monitoring and inspecting the work done in the field. As a relatively new ministry, it will need to build its capacity for policy-making, planning, monitoring and evaluation, and probably also planning for the decentralisation of services. It may be necessary for the ministry to invest in further technical support for its capacity development efforts.

6.5 Taking the alternative care assessment forward

There detailed recommendations in the section on protection are meant to improve practice. Improving child care and protection in Namibia will be an incremental process over many years. It is suggested that the MGECW, UNICEF and other agencies consider this report and which recommendations to take forward. Improving the lives of children in residential care is a good entry point as the issues that confront children in the homes will highlight many of the social care issues that need addressing. Many of the alternative care and social protection and grant issues are related. It is recommended that a roadmap be developed to help guide the process of reforming alternative care in Namibia. On the other questions of social policy, it is recommended that the MGECW, with support from UNICEF, consider how these questions can best be addressed and the implications of not addressing them.

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Annexure A

List of Persons Met

Ms Amelia Musukubili – Chief of Social Workers RCCF MGECW
Ms Lucia Eises – Control Social Worker MGECW
Ms Lydia Shikongo – Deputy Director MGECW
Ms Joyce Nakuta – Control Social Worker MGECW
Ms Zelnadia Englebrecht – Rehoboth MGECW
Ms Tuma Naukushu – Keetmanshoop MGECW
Ms Michelle Palmer – Swakopmund MGECW
Ms Margaret Richter – Walvis Bay MGECW
Ms Yeta Mumbuna – Okahandja MGECW
Mrs Van Rhyn – Director Ministry of Health and Social Services
Ms Annatjie Louw – Keetmanshoop Ministry of Health and Social Services
Mrs Pretorius – Keetmanshoop Ministry of Health and Social Services
Ms Nicolette Bessinger – Church Alliance for Orphans (CAFO)
Ms Unia Kalugya – VSO Friendly Haven
Ms Cecelia Katjiuongua – Administrator/Clerk Friendly Haven
Ms Sylvia Beukes – Hopes Promise Orphan Ministries (Beads of Hope)
Ms Hoffman – Dutch Reformed Church Benevolence Board Children's Home
Mr Kruger – Head of Dutch Reformed Church Benevolence Board Children's Home
Ms Ilse Lowe – Social Worker Namibia Children's Home
Mr Grant January – Manager SOS Children's Village
Ms Maria Shaalukeni – Megameno Children's Home
Ms Claudia Namises – Head of Orlindi Place of Safety
Ms Drusilla Garoës – Orlindi Place of Safety
Ms Christophine Tsuses – Orlindi Place of Safety
Ms Elsie Draghoerer – Orlindi Place of Safety
Mr Berdian Beukes – National Director Christ Hope International
Ms Marlene Brendell – Ministry Coordinator – Ark Rehoboth Christ Hope International
Mr Christian Scherpereel, Person in Charge Ark Keetmanshoop Christ Hope International
Ms Rita Naert – Person in Charge Ark Keetmanshoop Christ Hope International
Ms Caroline Murphy – Ark Keetmanshoop Christ Hope International
Mr Clive Diergaart – Superintendent Usakos Children Education Centre
Ms Priscilla Kavita – Chairperson of Management Committee Erongo House of Safety Swakopmund
Mr Irua Uaaka – Treasurer Erongo House of Safety Swakopmund
Ms Stella Dorman – Hope House Refuge / Jonah House
Ms Zdlenka Haukova – People in Need Keetmanshoop
Ms Stephanie Posner – PACT
Ms Dee Dee Yates – PACT
Ms Lenia Zimba – WACPU Windhoek
Ms Asnath Kuarianga – WACPU Keetmanshoop and Rehoboth
Sgt Shangula – WACPU Walvis Bay
Mrs Rina Horn – Commissioner for Social Welfare
Ms Dianne Hubbard – Legal Assistance Centre
Mr Matthew Dalling – UNICEF
Ms Marianna Garofalo – UNICEF
Ms Connie Botma – UNICEF

Annexure B

Objectives of the MGECW Child Welfare Programme

The **Division of Child Care Services** and **Division of Child Allowances** fall under the Directorate of Child Welfare Services of the Ministry of Gender Equality and Child Welfare.

Strategic objectives of the Directorate of Child Welfare Services

- To ensure the care and protection of children
- To empower communities to take care of orphans and vulnerable children (OVC)
- To strengthen the implementation and coordination of services
- To ensure efficient and effective service delivery

Division: Child care services

Functions:

- Ensure adherence to legislative statutes, policies, guidelines and standards defined for the provision of child care and protection services in Namibia.
- Ensure the development of capacity for the provision of services to (and for) OVC.
- Ensure that child care and protection services are implemented in an integrated and holistic manner.
- Monitor and ensure that child-care facilities adhere to guidelines and standards defined for their service.
- Advocate for the enactment of the Child Care and Protection Bill.
- Ensure that child welfare service providers are fully knowledgeable of (conversant with) the articles enshrined in the United Nations Convention on the Rights of the Child (UNCRC).
- Develop and implement OVC standards.
- Provide information for inclusion in the National OVC Database.
- Ensure appropriate referral to other relevant service providers.

Division: Child Allowances

The Ministry provide grants to OVC found to be in need of care and protection.

Functions:

- Develop policies, guidelines, procedures and standards for the management of the Child Allowance Programme at all levels of the system.
- Monitor and ensure adherence to the guidelines, procedures and standards defined for the management of grants made to beneficiaries by service providers at all levels of the system.

- Develop capacity for the implementation of the Child Allowance Programme at all levels of the system.
- Ensure that communities (and caretakers of children) are fully aware of the procedures and requirements for accessing grants.
- Develop and oversee the implementation of guidelines and standards for the establishment and management of residential child-care facilities.
- Ensure that communities are fully knowledgeable of (conversant with) the articles enshrined in the UNCRC.
- Ensure appropriate referral to other relevant service providers.
- Provide emergency assistance to children in dire need.

Annexure C

Vision 2030 Fostering and Orphanage Objective[52]

Objective

To provide opportunities to disadvantaged children, including orphans, which will prepare them for, and make them live, a meaningful and happy life.

Strategies

- Ensuring that the needs of vulnerable groups are built into development planning at all levels.
- Establishing and funding centres for orphans and vulnerable children.
- Applying means tested approaches to all social grants.
- Reviewing, adjusting and providing social safety-nets.
- Informing families and the community about the requirements for getting financial assistance as provided for under the Child Protection Act.
- Building and supporting an adequate number of orphanage rehabilitation centres in the communities.
- Designing and implementing a national orphanage policy and programme.
- Providing necessary support to orphans and other disadvantaged children.
- Ensuring that all necessary documents for processing of social grants are made available to guardians.
- Facilitating the process of adoption and fostering.
- Formulating and implementing appropriate policies and legislation in favour of orphans and children from outside marriage.

[52] Vision 2030 document, accessed at library.unam.na/vision/Vision2030_full.pdf.

Annexure D

Social Welfare Sub-Sector Mission, Goals, Indicators, Baselines and Targets[53]

Mission Statement

The mission of the Social Welfare Sub-Sector is to strive towards a socially stable and forward looking Namibia, in which the disparities and inequalities of the past are being corrected; where all human rights and fundamental freedoms are ensured; and where the Government in cooperation with affected communities and all other stakeholders work together to make the best use of the country's resources for socio-economic development and the well-being of all Namibians.

Goal

To provide affordable, accessible and available quality social welfare services to eligible members of our society.

Sub-Sector Strategies

- Revise social welfare legislation and development of new legislation.
- Streamline Social Welfare Function and Services (MOHSS, MoLSW, MGECW, MoVA).
- Develop and implement the Social Welfare Information System.
- Enhance the operations and services delivery of welfare organizations.
- Establish and support Social Welfare Committees.
- Decentralize certain social welfare sector functions to regional level.
- Integrate HIV/AIDS and TB dimension in the social welfare sector plans.
- Strengthen family well-being.
- Strengthen child justice programme.
- Strengthen outreach and prevention services of WACPUs.
- Rehabilitate and sensitize perpetrators of gender-based violence.
- Develop programmes to implement specific action steps for the prevention, protection, removal and rehabilitation of children found in labour exploitation, CSEC or CUBAC.
- Continue to raise awareness around child labour issues and actions.
- Build the capacity of the Government, social partners, and other key stakeholders to sustain child labour action, and to monitor child labour on an ongoing basis.

[53] "First Draft of the Third National Development Plan (NDP3), 2007/08 to 2011/12 (Volume 1), accessed at http://www.npc.gov.na.

- Identify responsibility for implementation and developing programme management and institutional arrangements.
- Develop budgets linked to plan and action steps and acquire Government budget or funding for implementation.
- Monitor and evaluate programme implementation and impact and develop systems for knowledge and information management.
- Develop systems for gathering new information on causes of child labour, its extent, hazards in particular sectors, and other knowledge essential for guiding services, as well as the sharing and management of this information among agencies active in this field.
- Ensure the rights, protection and care of Orphans and Vulnerable Children (OVC).
- Develop and implement practical, realistic and appropriate social mechanisms on the rights, protection and care of older people.
- Undertake awareness campaign and strict enforcement measures for disability recognition.
- Carry out awareness campaign for integration of previously disadvantaged people into sub-economic housing units.

Annexure E

Schedule for Assessment Care Visit in Namibia, 2008

Date	Time	Place	Persons and institutions met with
Tuesday 20 May	11h55 15h00	Consultant's arrival MGECW, Windhoek	Meeting with the MGECW Directorate of Child Welfare Services and Directorate of ECD and Community Development, and MoHSS Directorate of Social Welfare
Wednesday 21 May	09h00 11h00 14h30	Windhoek Windhoek Windhoek	• Meeting with Dutch Reformed Church Benevolence Board (CBB) • Meeting with Church Alliance for Orphans (CAFO) • Visit to Friendly Haven Place of Safety
Thursday 22 May	09h00-13h00 14h00-17h00	Windhoek Windhoek	• Visit to Namibia Children's Home and SOS Children's Village • Visit to Megameno Children's Home and Orlindi Place of Safety (Katutura)
Friday 23 May	08h00 Afternoon	Rehoboth Windhoek	• Visit to Ark of Christ Hope International • Visit to Hopes Promise Ministry • Meeting with Woman and Child Protection Unit and Social Worker
Monday 26 May	08h00 14h30	Travel to Keetmanshoop Keetmanshoop	Visit to The Ark Children's Home
Tuesday 27 May	08h00-10h00 10h00-12h30 13h00 14h00	Keetmanshoop Return to Windhoek	• Meeting with MGECW social worker • Meeting with WACPU Unit Commander • Visit to People in Need (NGO)
Wednesday 28 May	10h00-11h00 11h00 12h30-14h00 14h00-16h00 16h00	Travel to Okahandja Okahandja Travel to Usakos Usakos Travel to Swakopmund	• Meeting with social worker • Visit to Children's Education Centre
Thursday 29 May	08h30-10h00 10h30-13h00 14h00-16h00	Swakopmund Walvis Bay	• Meeting with MGECW social worker • Meeting with WACPU Unit Commander • Visit to Erongo Place of Safety • Visit to Walvis Bay Children's Family Centre • Visit to House of Hope Refuge for Kids
Friday 30 May	08h00 14h00-16h00	Travel to Windhoek Windhoek	Discussion group meeting with UNICEF and focus groups (MGECW, Christ Hope International and CAFO) to discuss and confirm key findings and provide opportunity for clarification
Monday 2 June	08h00	Windhoek	Meeting with Mrs Rina Horn, magistrate of Commissioner of Child Welfare
Tuesday 3 June		Windhoek	Consultant finalises report with recommendations and presentations
Wednesday 4 June	08h00-11h00 12h00	Windhoek Consultant departs	Final discussion with MGECW and key partners

Annexure F

Terms of Reference: Alternative Care for Children in Namibia – Progress, Challenges and Future Directions

Background

The unfortunate consequence of living in a region ravaged with HIV and AIDS, poverty and emergencies is the number of children left without parental care or at the verge of separation from their caregivers. Studies have shown that orphans and vulnerable children are at higher risk of missing out on schooling, live in households with less food security, suffer anxiety and depression, and are at higher risk of exposure to HIV. Factors that affect the situation include children's relationship to their caregivers, the poverty levels of their household and community and for instance HIV prevalence.

A quick assessment of the current status of response for alternative care in the regions has found that:

- Few countries have established gatekeeping mechanisms to control the entry of children into care, nor do most have standards of care for children living in institutions or foster care (e.g. Rwanda and Zimbabwe – draft)
- Few if any Governments can account for the residential care institutions in there country – many are run by FBOs or CBOs. Even where laws exist requiring that they be registered and monitored, this is rarely carried out systematically
- There is evidence that the numbers of institutions are increasing, though the true scale remains unknown. Only a tiny minority – perhaps 2 to 3 per cent – live on the streets or in orphanages and children's homes (Foster 2002)
- Even in the most HIV-affected countries, the majority of children in residential care have at least one surviving parent; an even higher proportion has contactable relatives
- Few countries have adequate systems to ensure that the rights of children in residential care, foster care or kinship care are being realized
- 11 OVC NPAs address alternative care – yet little action has been taken so far (Ethiopia, Kenya, Lesotho, Malawi, Mozambique, Namibia, Rwanda, South Africa, Swaziland, Zambia and Zimbabwe).

In response, UNICEF in partnerships with Government and civil society is engaging in assessments and action planning process on alternative care in the ESA region starting in

2007 in Swaziland, Zambia, Malawi and South Africa. Namibia has now agreed to take part in a similar assessment in 2008.

Scope of Work

The Consultant will:

- Assess the volume and quality of alternative care provision and informal care;
- Assess and analyse a sample of residential care;
- Critically analyse policy, law, standards and practice in the provision of alternative care;
- Critically assess the capacity to implement, monitor and report by Government (and civil society) at national, provincial and district levels and;
- Develop recommendations for a country model of the minimum capacity requirements and resources to manage systems of alternative care.

Methodology

In order to gather the required information, the Consultant shall meet with the following Ministries: Social Welfare, Local Government, and Justice; the National AIDS Commission; National and International NGOs, Adoption Societies the Police and Women and Children's desk and UNICEF. Meetings shall take place at provincial, district and community levels. It is essential that group session and debrief session is held at the beginning and end of Consultant's trip to Namibia.

Output

A country report for Namibia, highlighting the minimum capacity requirements and resources to manage systems of alternative care including:

- Research and knowledge management;
- Policy development and planning;
- Law reform;
- Management of alternative care services; and
- Monitoring and evaluation.

UNICEF technical and financial support in the preparation and finalisation of this report included the contributions of:

- Andrew Dunn who undertook the assessment and prepared the text; and
- Perri Caplan who assisted with editing and laid out the report.

Ministry of Gender Equality and Child Welfare
GOVERNMENT OF THE REPUBLIC OF NAMIBIA