AN EXPLORATION OF THE EFFICACY OF THE NAMIBIAN CHILD PROTECTION SYSTEM IN RESPONDING TO VIOLENCE AGAINST CHILDREN

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ABSTRACT

The UN Secretary General's Study on Violence against Children approached child protection systems from the perspectives of human rights, public health and child protection. A global agenda to protect children emphasised the urgency of country level action with targets for governments. The UNCRC and the ACRWC underpin the delivery of high quality essential services to all children. There is increasing recognition worldwide, as well as in Namibia, that the protection of children cannot be effectively achieved through fragmented, issue-specific programmes which results in ineffective programming: this is neither sustainable nor able to reach children who are in need of protection.

The purpose of this study was to explore the efficacy of the Namibian Child Protection System in responding to violence against children. The study considered the child's journey through the system in order to provide recommendations to improve the effectiveness of the system.

A qualitative, explorative design and a phenomenological approach were used in this study. The theoretical frameworks that were employed are the Child Rights Based Approach, Bronfenbrenner's Ecological Systems' Approach and the Systems Approach. The target population consisted of children and parents with experience of the child protection system, as well as key experts and development partners. Non-

probability purposive sampling methods were used, and the primary data gathering tools were semi-structured interviews and focus group discussions. The researcher generated categories and sub-categories related to the central research objectives and the semi-structured interview guide. Furthermore, the researcher linked units of information to a participant and adhered to a specific set of ethical standards.

This study revealed significant strengths in Namibia's Child Protection System, such as the existence of a robust legislative framework, sound partnerships and the existence of specialised police units, shelters, child friendly courts and child witness support services.

This study found that Namibia's child protection system was still responsive to issue-specific programming; prevention was not a priority and the programme did not involve the meaningful participation of children. The majority of participants interviewed were concerned that Woman and Child Protection Units only existed in regional towns and that children from villages and smaller towns still had to travel vast distances to access services. The same applied to the child witness support programme, child-friendly courts and shelters that only existed in certain regions, resulting in the majority of children having no or minimum access to protection services.

Conclusions focus around the pressing need for an integrated, comprehensive child protection system with adequate capacity and resources to prevent and respond to violence against children in a coordinated manner. The overall impression drawn from the results is that the informal system does not form part of the current child protection system. Significant limitations in the system do not allow effective services to children. The results of this study enabled the researcher to develop recommendations and a proposed action plan to inform and guide key ministries with the aim of developing an Integrated Child Protection System in Namibia. The results can mobilise political will, initiate programmatic action and can guide the provision of quality services as part of the national child protection system. The results can also assist the government in promulgating critical outstanding legislation to improve the protection of Namibian children.

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DEDICATION

This study is dedicated, firstly, to all children in Namibia who have suffered violence, abuse, neglect and exploitation and still had the courage to tell their stories and, secondly, to all practitioners in the Namibian Child Protection System who are trying to make the world a safer and better place for children in Namibia.

DECLARATION

I, **Veronica Rose Theron,** declare hereby that this study is a true reflection of my own research, and that this work or part thereof, has not been submitted for any degree in any other institution of higher education.

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Veronica Rose Theron

LIST OF ABBREVIATIONS AND ACRONYMS

ACRWC	African Charter on the Rights and Welfare of the Child
AIDS	Acquired Immune Deficiency Syndrome
CBO	Community Based Organization
CRC	Convention on the Rights of the Child
CSO	Civil Society Organization
FBO	Faith Based Organization
FGD	Group Discussion
GBV	Gender Based Violence
HIV	Human Immunodeficiency Virus
ILO	International Labor Organization
LAC	Legal Assistance Centre
MDG	Millennium Development Goal
MGECW	Ministry of Gender Equality and Child Welfare
MoHSS	Ministry of Health and Social Services
MoJ	Ministry of Justice
MOLSW	Ministry of Labor and Social Welfare
MOU	Memorandum of Understanding
MSS	Ministry of Safety and Security
NAMPOL	Namibian Police
NGO	Non-governmental Organization

NPC	National Planning Commission
SOP	Standard Operating Procedure
UNAIDS	United Nation Programme on HIV/AIDS
UNCRC	United Nations Conventions on the Rights of the Child
UNDP	United Nation Development Program
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	States Agency for International Development
WACPU	Woman and Child Protection Unit
WHO	World Health Organization

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INTRODUCTION

1.0   Setting the scene

Chapter 1 focuses on the orientation of the study, the statement of the problem, the research purpose and objectives of the study, as well as the significance of the study. A concise review of the theoretical framework is presented together with the definitions of key concepts.

This study focuses on the efficacy of the Namibian Child Protection System's response to violence against children. The United Nations Convention on the Rights of the Child (UNCRC) and the African Charter on the Rights and Welfare of the Child (ACRWC) underpin the delivery of high-quality essential services to all children (UNICEF, 2007; UNICEF, 2008). These conventions will be used as benchmark for this study. Article 19 in the CRC states that "State Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse" (UNICEF, 2007, p. 251). Namibia signed both these international treaties.

1.1   Orientation of the study

Violence against children is a major threat to global development and an obstacle to gender equality (Pinheiro, 2006; United Nations Children Fund, 2008; World Health Organisation, 2002). A national study on violence against children in Swaziland (UNICEF, 2008) indicates that violence against children is also a growing concern in sub-Saharan Africa (Inter-Agency Group, 2012; Kisanga, 2012). According to Bromfield and Holzer (2008), some extreme forms of violence against children have provoked an international outcry, resulting in a consensus of condemnation in recent years (Ward, 2007; Wessels, Kostelny & Ondoro, 2014).

The UN Secretary General's Study on Violence against Children (Pinheiro, 2006) approached the issue of violence against children from the combined perspectives of human rights, public health and child protection. From this report the UN and governments around the world set out a global agenda to protect children from violence. The report focused on improving implementation at country level, and emphasised the urgency of country level action; it sets out key targets for governments (UNICEF, 2007; United Republic of Tanzania, 2011).

Pinheiro (2006) argues that governments are duty bearers and obliged to fulfill children's rights. Member states made commitments to protect children from all forms of violence but these commitments are far from being fulfilled. The World Report on Violence Against Children (2006) reveals that there is an alarming gap between States obligations and commitments, on the one hand, and the reality of children's lives, on the other hand. (Pinheiro, 2006). The necessary provision,

services, systems and standards need to be designed to respond and protect children from harm, abuse and exploitation (United Nations, 2006). Yet, millions of children worldwide suffer from violence, exploitation and abuse every day (WHO, 2002; United Republic of Tanzania, 2013). Therefore, there is an increased interest in assessing how child protection systems respond to violence against children.

Globally, around 40 million children are subjected to child abuse each year. Documentation of the magnitude and impact of violence against children shows clearly that this is a very substantial and serious problem (Finkelhorn & Korbin, 1988; Pinheiro, 2006). Approximately 250 million children are involved in child labour, with more than 180 million working in hazardous situations or conditions. An estimated 1.2 million children are trafficked every year for the purpose of becoming sex slaves. The World Report on Violence against Children (2002) states that more than 200 million children have been sexually abused, and almost 300 million have witnessed domestic violence every year (WHO, 2002).

In the United States approximately 44 per cent of rape victims are under the age of 18, and approximately 15 per cent are under the age of 12. Pinheiro (2006) states that violence against children in care systems is legitimised by long-held attitudes and behaviours, as well as failures in both law and its implementation (UNICEF, 2007; Dladla & Gabriels, 2010).

According to a report by the Urban Trust of Namibia (2011), crime and violence in Namibia have become widespread. The report by the Legal Assistance Centre (LAC), which seeks safety, describes violence in Namibia as endemic (LAC, 2012).

Figures put the rates of some crimes, such as rape in Namibia, among the highest in the SADC region (LAC, 2006). Roughly four out of ten rapes in Namibia involve the rape of a child (LAC, 2006). A study on rape in Namibia (2006) by LAC found that 25% of the respondents aged 10 – 14 and 15% of the respondents aged 15 – 24 had experienced one or more forms of sexual abuse. A study done at the Oshikango border between Namibia and Angola found that 25 out of 141 sex workers interviewed were under 18 years (NASOMA, 2008; Namibia Country Periodic Reports on Convention on the Rights of the Child and Two Optional Protocols, 2009).

Furthermore, Namibian children themselves identified violence as a key problem during the Children's Parliament Session in 2012. In 2008, after general requests for information, "abuse and violence" were the second most common reasons why children approached Life Line/Child Line Namibia for assistance; about 17% of the almost 12 000 children who contacted this service by telephone or in person sought help with a problem related to abuse or violence (MGECW, 2011). In 2010, children between the ages of 8 and 17 in four Namibian regions (Karas, Kavango, Kunene and Omaheke) ranked "domestic violence" and "being physically abused" amongst the top ten problems faced by children in Namibia; thus, it can be estimated that these problems are faced by more than half of all Namibian children (Namibia Country Periodic Reports on Convention on the Rights of the Child and Two Optional Protocols, 2009).

As much in Namibia as globally, child maltreatment presents a pervasive and debilitating social ill, not only for individuals, but for society in general. Given this,

the ability to measure and assess the extent of the problem is particularly important (WHO, 2002; Pinheiro, 2006; Interdisciplinary Group, 2012). Generally, responses to the high rates of violence tend to be localised and segmented (Munro, 2011; Theron, 2005). Violence is not always understood against the background of Namibia's total social and economic context and its historical background (MGECW, 2011).

The literature studied shows some controversies and disagreements. On the one hand, Ruppel (2009) states that the Namibian government has committed itself to address the situation of children in the country in a comprehensive manner in order to foster their development, protect them, and prepare them more effectively to serve society. Ruppel (2009) continues that the support of, and care for, children in Namibia are priorities on the government agenda. Contrary to this, an assessment done by MGECW (2011) on protection services in 5 regions, found that the child protection system in Namibia was fragmented. Findings of this assessment show that despite some achievements made, children still struggle to access services and suffer secondary victimisation because of all the gaps in the Namibian Child Protection System (Theron, 2005; LAC, 2006; MGECW, 2011; LAC, 2012).

There is a need to institute an integrated, linked response to child protection by providing clinical, psycho-social, policing and medical-legal services in an integrated and coordinated manner (MGECW, 2011). The ongoing call for a focus on child protection systems have been driven by several factors (Pinheiro, 2006; UNICEF, 2008). These include dissatisfaction with the impact of fragmented approaches, particularly within larger child protection agencies (Barnett, 2008; Child Frontiers,

2011; MGECW, 2011). The call for a focus on child protection systems was reiterated in the UN Secretary-General's Study on Violence against Children which concluded that a holistic, systemic approach, which emphasised prevention, was necessary to eliminate violence against children (WHO, 2002; Pinheiro, 2006).

The above-stated factors reinforce the need to build a core child protection system to prevent and respond holistically to children with single or multiple child protection needs. In order to further establish the importance of effectively responding to violence against children, the section below will provide information on the statement of the problem.

1.2   Statement of the problem

This section briefly discusses the statement of the problem, as well as the purpose and objectives of the study. The Namibian Child Protection Services are fragmented and largely uncoordinated; these services are implemented through different agencies (LAC, 2012; MGECW, 2012; UNAIDS, 2013). Ruppel (2009) is of the opinion that many challenges affect Namibia's ability to provide effective protection and prevention services to children and their families.

Additionally, an assessment of woman and child protection services in 5 regions (Kavango, Karas, Khomas, Omusati and Omaheke) done by MGECW (2012) reveals that there are significant gaps in dealing with children in the criminal justice system. Despite the creation of Woman and Child Protection Units in Namibia in July 1993, some survivors of sexual and gender based violence still receive an unsympathetic

response when reporting abuse in Namibia (LAC, 2012; Namibia Country Periodic Reports on Convention on the Rights of the Child and Two Optional Protocols, 2009; UNAIDS, 2013). Response continues to be hampered by problems such as a lack of transport and the absence of expertise (LAC, 2012). The assessment by MGECW (2012) also expresses high staff turnover, burn out and secondary trauma of staff, long delays and postponements of court cases involving children, as well as the late involvement of prosecutors (UNESCO, 2001; LAC, 2006; Ruppel, 2009; LAC, 2012; MGECW, 2012; UNAIDS, 2013).

Despite changes in childcare practices and the evolution of children's rights, reforms in Namibia have been slow to take place in systems (LAC, 2006). Pinheiro (2006) argues that incidences of child abuse remain high despite half a century of raising awareness, designing policies, legislation and programmes to intervene worldwide. The Seeking Safety Report by LAC (2012) reveals that low levels of funding result in a lack of properly qualified professionals. The continued commitment of human and financial resources to a broad and systematic framework in order to reduce and respond to violence against children is needed (UNICEF, 2008).

Furthermore, unqualified and poorly remunerated staffing is widely recognised as a key factor linked to violence within institutions. Under-staffing is also a serious problem in most of the countries which participated in the UN Study on Violence against Children; this includes Namibia (Pinheiro, 2006; Child Frontiers, 2010).

Moreover, the Legal Assistance Centre's Study on Rape (2006) further states that one of the weakest aspects of the criminal justice system's response to sexual abuse

relates to the collection and use of medical evidence, which is crucial in obtaining convictions. Kreston (2007), however, believes that the child's statement is the most important piece of evidence there is and that the medical evidence may help the case, but is not required for conviction. According to the LAC report on rape (2006), there is also a breakdown in communications between police, prosecutors, courts and the National Forensic Science Institute.

This report also reveals the following:

- The forensic laboratory refuses to take in sexual offence kits when the kit of the perpetrator is not available.

- The provision of medical services, including post-exposure prophylaxis to reduce the chances of contracting HIV from the rapist, are not yet satisfactory because survivors of sexual offences wait for hours to be examined by a medical doctor.

- Medical doctors are not dedicated to Woman and Child Protection Units and complain that the completion of the sexual offence kits is time consuming and complicated.

- The major gap in sexual abuse cases is long delays between charge and trial. About one third of all rape complainants request withdrawals of their cases (LAC, 2006; Dladla & Gabriels, 2010).

According to Ruppel (2009), it is evident that the plethora of legislative and other measures of protection that exist in Namibia lack effectiveness when it comes to monitoring and implementing children's rights. Existing laws, such as the Criminal

Procedures Amendment Act with special measures and special arrangements for vulnerable witnesses, are not implemented in all cases involving children; the use of child-friendly court facilities such as the Close circuit television is left to the discretion of the public prosecutor and the presiding officer (Theron, 2005).

A study by Pinheiro (2006) shows that although there is mass public interest and professional concern when a case of abuse is reported, there are still few publications especially on the operation of child protection systems. This requires a review of the services that are currently provided, better training of staff and improved integration of services (Krug, Dahlberg, Mercy, Zwi, & Lozano, 2002; WHO, 2002; Pinheiro, 2006; MGECW, 2012). Another barrier is the fact that service providers appear not to be specially trained in handling children's cases. This put the children in a compromised position (Ruppel, 2009).

Another barrier to the effective protection of children's rights in Namibia is the shortage of children's courts. Services are mostly in regional towns, and children in smaller villages cannot access such services (MGECW, 2006; MGECW, 2011). Vulnerable children cannot fully comprehend court procedures and the legal terms used. Face-to-face contact with the perpetrator and cross examination make the court proceedings very traumatic for children (Muller & Hollely, 2000; Theron, 2005).

Coordination between the ranges of actors in child protection is agency-centric and ill-prepared to build common strategies for systems (Barnett, 2008; UNICEF, 2008). Children struggle to access quality services in an integrated manner. This diffused approach results in a response marked by numerous inefficiencies and pockets of

unmet needs (UNICEF, 2010; Munro, 2011). The result is that quality practice remains a challenge. This extended list of problems urged the researcher to assess the efficacy of the Namibian Child Protection System's response to violence against children and is the rationale for the study.

Working towards building and strengthening child protection systems appears to increase the potential to achieve greater impact for children in the following ways: Firstly, it delivers benefits for all children who are in need of support and not just groups identified as vulnerable (UNICEF, 2006; Child Frontiers, 2011; United Republic of Tanzania, 2013). Sufficient provision of services to reach all children in need of support may significantly increase impact and result in a more holistic and efficient response. Secondly, agencies are able to capitalise on existing resources, and thereby avoid starting from scratch or developing parallel or duplicate systems (UNICEF, 2006; Munro, 2011; LAC, 2012).

1.3   Purpose and objectives of the study

The rationale for this study lies in the concern whether or not quality and efficient services are provided to children and their families by the existing systems in Namibia. These systems are the Ministry of Safety and Security (The Namibian Police), the Ministry of Justice (Office of the Prosecutor General), the Ministry of Health and Social Services (Obstetrics and Gynecology and Social Services), and the Ministry of Gender Equality and Child Welfare (Child Welfare Directorate).

1.3.1   Purpose of the study

The purpose of the study was to explore the efficacy of the Namibian Child Protection System's response to violence against children by examining the knowledge and views of key experts across the continuum of service delivery. Most significant were the experiences of children and parents regarding the services received. Of subsequent importance was to provide practical recommendations and to develop a proposed action plan for the strengthening of an Integrated Protection Service Model in Namibia.

1.3.2   Objectives of the study

The specific objectives of this study were:

- To explore the views and perspectives of key experts across the continuum of service delivery and their experiences in the Namibian Child Protection System;

- To explore the experiences and views of children and parents regarding the strengths, weaknesses and gaps of the current child protection system that require modification;

- To explore the efficacy, quality and scope of the existing child protection system in Namibia;

- To make practical recommendations to key government ministries on how to institute an integrated and linked response for effective prevention and response to improve protection of children in Namibia;

- To develop a proposed action plan for the strengthening of an Integrated Protection Service Model in Namibia.

1.4   Significance of the study

This section briefly discusses the significance of the study. Pinheiro (2006) argues that the development of a national research agenda on violence against children across settings is critical for knowledge building and improved programme development. This study represents a critical step in addressing the problem of violence against children in Namibia by providing basic information on the magnitude and characteristics of the problem; it will also provide practical recommendations to key government ministries involved in service delivery on how best to strengthen the existing system and develop it into an integrated, holistic child protection system with all necessary components to respond effectively to violence against children. The results of this study are essential in that they can contribute to the strengthening of the existing child protection system. Undoubtedly, research on Child Protection Systems in Namibia is a neglected area and has never been the primary focus of a major Namibian research report, although information about this topic has come to light in a range of studies on other subjects.

Moreover, there has been increasing momentum in sub-Saharan Africa in the child protection systems agenda. Nearly half of the Sub-Saharan countries, including Namibia, have completed or launched exercises to map and assess protection services (World Vision, 2011; Interagency Group, 2012; MGECW, 2012). People in

general are aware of the weaknesses and gaps in the system, but not enough is being done to make the system more conducive to child protection (Child Frontiers, 2011).

Furthermore, this assessment of the efficacy of the Namibian Child Protection System will provide fundamental knowledge about the strengths, weaknesses and gaps in the system that need to be addressed. It will assist the Namibian Government in promulgating critical, outstanding legislation such as the Child Care and Protection Bill and the Child Justice Bill will give more protection to Namibian children. It will also contribute to local and international literature on child protection systems and will emphasise a child protective system, rather than simply specific child protection programmes or services as is currently the case.

Finally, the benefits of the study include: recommendations about options for new approaches to institute an integrated and linked response to violence against children; a proposed action plan for the strengthening of an Integrated Protection System.

It is furthermore, envisaged that the findings of this study will encourage child protection organisations to examine their current models of response in order to improve their service delivery to children. The recommendations of this study and the proposed action plan can serve as an entry point for broader system strengthening. It can mobilise political will and programmatic action to address violence against children. The results can also be used to guide the provision of quality violence prevention and response services as part of the national child protection system.

Attention will now be paid to the theoretical paradigm of the study.

1.5 Theoretical and conceptual frameworks

The Child Rights-Based Approach, Bronfenbrenner's Ecological Approach and the Systems theory form the basis of the theoretical framework of this study. This will briefly be discussed in this chapter and will be discussed in more detail in Chapter 2.

1.5.1 The Child Rights-Based Approach

The researcher used a Child Rights-Based Approach, "which is based on the key rights as set out in the United Nations Convention on the Rights of the Child" (1989). A Child Rights-Based Approach understands that children offer the best understanding of their own situation, that they have essential experience to offer participation and that they deserve to have their best interests met through adequate allocation of resources and the implementation of all the rights in the United Nations Convention on the Rights of the Child" (UNICEF, 2006, p. 67; UNICEF, 2007).

1.5.2 Bronfenbrenner's Ecological System's Approach

This model of ecology of human development was used because it describes different aspects or levels of the environment that influence children's development. This includes the micro-system, meso-system, exo-system, macro-system and the chrono-system. This theory suggests that intervention to support a child should not address only his or her needs, but should respond also to his or her needs in the

context of his or her environment (UNICEF, 2006). It is the fundamental right of a child to grow up in a safe, nurturing, consistent care-giving environment (UNCRC, 1989; UNICEF, 2007). This ecological theory approach also allows simultaneous consideration of the different levels that should play a role for effective care provision to the child, i.e. at the child, family, community and society levels (Bronfenbrenner, 1979).

1.5.3   Systems Theory

The System's Theory is an integrated approach to protect children. It seeks to understand, define and apply the principle of the best interest of the child, promote the adoption of a child-centred approach, as well as coordinate, engage and build the capacity of a wide range of actors. This approach also aims at promoting the right to child protection, through the raising of knowledge and awareness and increasing access to protection measures. This is in order to contribute to the prevention of violence, abuse, neglect and exploitation through early identification and intervention; it also aims at building the resilience of children, families and communities to respond to appropriate services (Cohen, 2002; Begun, Zimmerman & Dooley, 2003; Hmelo-Silver & Pfeffer, 2004; Bennett & Eichler, 2006; Glisson, 2007; UNICEF, 2010 & Munro, 2011).

1.6   Definitions of key concepts

In this study, the following concepts will carry the following meanings:

1.6.1   Child

According to the Oxford Dictionary (2010), a child is a young human being below the age of puberty or below the legal age of majority. According to Article 1 of the CRC (1998), a child is every human being under 18 years of age, unless the law applicable to the child's legal age of majority is attained earlier (UNICEF, 2007; Child Care and Protection Act, 2015).

1.6.2   Child protection

Child protection is about protecting children from or against any potential or immediate risk to their lives, their personhood and their childhood. It is about reducing their vulnerability to any kind of harm and protecting them in harmful situations. It is about ensuring that no child falls out of the social security and safety net and that those who do, receive the necessary care, protection and support to bring them back into the safety net (UNICEF, 2006; World Vision, 2011; Interagency Group, 2012).

1.6.3   Child protection system

Child protection systems refer to mechanisms for preventing and responding to child abuse and neglect. It includes channels for collecting, collating and disseminating data on child abuse which are in their best interest. The systems also include child-friendly guidelines, procedures and a referral process for supporting survivors of child abuse and neglect (UNICEF, 2006; Child Frontiers, 2010).

By definition, a child protection system has certain structures, functions and capacities, among other components that have been assembled in relation to a set of child protection goals (Save the Children, 2009; UNICEF, 2008; Child Frontiers, 2010).

1.6.4   Child   welfare system

The child welfare system refers to those aspects nested within the social welfare System that are aimed at promoting children's well-being and protection, while enhancing the capacity of families and communities to fulfil their responsibilities Child Frontiers, 2010).

1.6.5   Formal child system

This refers to the components of the child protection system being recognised or endorsed by, and subject to, supervision and regulation by the government, international organisations and local Non-governmental Organisations (NGOs), including community- and faith-based organisations (FBOs) (UNICEF, 2006; Child Frontiers, 2010).

1.6.6   Informal child system

This refers to initiatives undertaken by families, communities and children themselves in promoting children's well-being, protection and mobilising help

resources available in communities to strengthen families, as well as responding when children are mistreated (Bromfield & Holzer, 2008; Child Frontiers, 2010).

1.6.7 Violence against children

This refers to initiatives undertaken by families, communities and children themselves in promoting children's well-being, protection and mobilising help resources available in communities to strengthen families, as well as responding when children are mistreated (Bromfield & Holzer, 2008; Child Frontiers, 2010).

1.7 Summary

This chapter introduced the orientation and background information of the research study, as well as the statement of the problem, the purpose and objectives and the significance of the study. The theoretical framework for the study, as well as definitions of the key concepts, was presented.

Chapter 2 provides a comprehensive summary of the various literature sources that were consulted. The overarching theoretic framework for this study will be discussed in more detail.

CHAPTER 2

THEORETICAL AND LEGAL FRAMEWORKS AND INTEGRATED SERVICE RESPONSES FOR CHILD PROTECTION SYSTEMS

"I believe the future of our world, which is the children, depends on every one of us. Each of us should take responsibility to make things better for each other.""

Gokce, 16, from Turkey

2.0   Introduction

This chapter reviews existing literature relevant to the theoretical framework of the study and child protection systems. It also presents a comparative review of systems in other countries, international and Namibian legal and policy frameworks relating to child protection and, finally, the integrated child protection services and response in Namibia.

The chapter comprises four sections. Section I provides an overview of the theoretical basis of this study. The three intersecting theories that form the conceptual framework for this study, namely the Child Rights Based Approach, Bronfenbrenner's Ecological Approach and the System's Approach, are presented; Section II discusses child protection and child protection systems. Namibia's legal framework relating to child protection is presented in Section III and Section IV focuses on the existing integrated service responses to violence against children in Namibia.

SECTION I: OVERVIEW OF THE THEORETICAL BASIS OF THE STUDY

2.1   The theoretical framework of the study

According to Robbins, Chatterjee and Canda (2006), the use of theory is crucial to the provision of effective social work practice because it offers a conceptual framework with which to assess social issues and environments, and to design and implement appropriate interventions.

The Child Rights-Based Approach, Bronfenbrenner's Ecological System's Theory and the Systems Approach were applied as the overarching theories for this study. They thus form the basis of the theoretical framework of this study and will be discussed next.

2.1.1   Child Rights-Based Approach

The researcher used a Child Rights-Based Approach, which is based on the key rights as set out in the United Nations Convention on the Rights of the Child (1989). This approach sees each child as a unique and valuable human being, with the right to life and survival, but also to develop to his/her fullest potential. A Child Rights-based approach understands that children offer the best understanding of their own situation, that they have essential experience to offer participation and that they deserve to have their best interests met through adequate allocation of resources and

the implementation of all the rights in the United Nations Convention on the Rights of the Child (UNICEF, 2007; Save the Children, 2009). The Child Rights-Based Approach provides a framework for an outcome-focused plan of action.

2.1.2   Bronfenbrenner's Ecological Systems Approach

This model of the ecology of human development was used because it suggests that violence is the result of the complex interplay of individual, relationship, social, cultural and environmental factors, and that to understand and treat an individual, these factors must be considered in terms of their existence at each level, as well as their interaction across each level. The Ecological Systems Theory also describes different aspects or levels of the environment that influence children's development; these include the micro-, meso-, exo-, macro- and the chrono-systems. This theory suggests that intervention to support a child should not only address his or her needs, but should respond also to those needs in the context of his or her environment (Folke, Hahn, Olson & Norberg, 2005; UNICEF, 2006). It is, therefore, the fundamental right of a child to grow up in a safe, nurturing, consistent care-giving environment (United Nations Convention on the Rights of Children, 1989).

Furthermore, this approach allows simultaneous consideration of the different levels that should play a role in effective care provision to the child, namely at the child, family, community and society levels (Bronfenbrenner, 1979). Urie Bronfenbrenner emphasises that the developing person is embedded in these series of environmental systems that interact with one another and with the individual to influence development. According to Bronfenbrenner (1979), the interactions between these

overlapping ecosystems affect a person significantly. Understanding the interactions of these systems is the key to understanding how a child develops and what factors lead to developmental delays. Padgett (2008) explains that such an approach explains holistically how everything concerning a child and in the child's environment affects how that child grows and develops. The ecological model also helps in developing government policies and programmes that can benefit our society.

Moreover, an ecological perspective encourages one to consider a holistic environment for an individual (Rothery, 2007).

The four levels surround the core of the model, that is, the individual:

- The first level is that of the micro-system, incorporating the immediate environments that surround the individual and those people with whom the individual interacts, for example, family members, school and peers.

- The second level is named the meso-system, and incorporates the interactions that occur within the micro-system; for example, relationships between the family and children's services, the family and support networks or the family and the school.

- The third system, known as eco-systems describes the systems that do not directly affect the individual, but still influence his or her life, for example, neighbourhoods and school departments.

- Finally, the macro-system refers to the larger social and cultural environment under which all the systems exist, for example, social and political norms and the legal system.
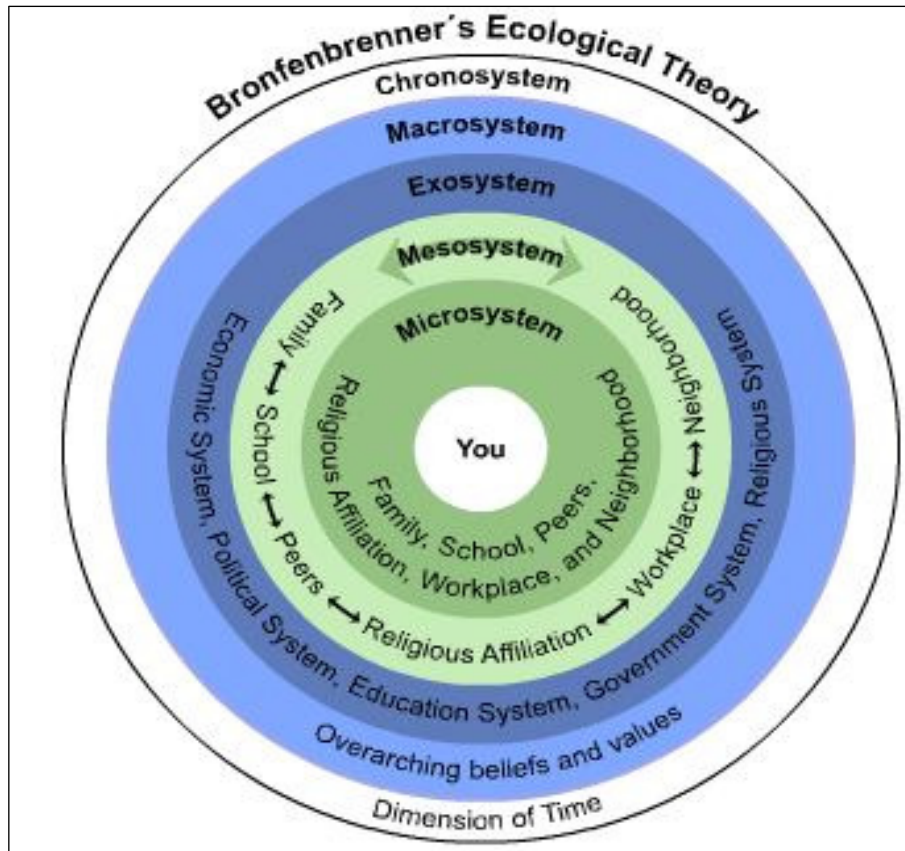
Figure 1: Bronfenbrenner's Ecological Theory.

Bronfenbrenner's ecological theory (1986) Reprinted from

https://www.google.com/search?q=bronfenbrenner%27s+ecological+theory&newwi
ndow=1.

2.1.3   The Systems Approach

The systems approach, according to the Interagency Group (2012), is guided in sub-
Saharan Africa by the African Youth Charter and the Protocol to the African Charter
on Human and People's Rights on the Rights of Women in Africa. Its development
was also influenced by the recommendations of the United Nations Violence against

Children Study (2006) and the subsequent General Comment 13 from the United Nations Committee on the Rights of a Child (Pinheiro, 2006). The approach is in full alignment with the Committee on the Rights of a Child (CRC) and other international conventions, instruments and standards which establish that states have the responsibility for the protection of all children, regardless of local context.

Pinero (2006) suggests that a systems approach will: work for the protection of all children; address the full range of child protection issues in the context; make existing efforts and structures in child protection more efficient by improving coordination and eliminating duplication within a previously fragmented set of activities. Because a system is better placed to identify and address gaps in child protection in an ongoing way, it is seen to: maximise benefits from finite resources; unite the child protection efforts of all actors, emphasising their complementarities, under a common goal and to common standards; place a strong emphasis on prevention, in compliance with the 'best interests' principle and, thereby, also achieve greater long-term cost-effectiveness; convert fragmented programme and policy efforts in child protection into investment in sustainable benefits that can continue to provide predictable prevention and response services in child protection; address the means to achieve children's rights to protection, for example, by considering financing and budgetary processes, coordination between government departments and others, and putting in place accountability mechanisms to ensure that established standards and procedures are respected (Dladla & Gabriels; 2010; Wessels, Kostelny & Ondoro, 2014). Save the Children UK (2008) argues that although these expectations indicate an intended improvement on pre-existing practices, it is debatable how much of a radical change a focus on child protection

systems is likely to represent for humanitarian agencies. On the one hand, it is very consistent with Child Rights Programming and human rights-based programming approaches currently used by a number of agencies, as well as with UNICEF's Protective Environment approach. On the other hand, a focus on systems places greater emphasis on issues relating to delivery, such as how a protective environment is delivered or how children's rights, such as financing and budgetary processes, coordination between actors and the interplay between child protection and other sectors are realised (Save the Children, 2008; Munro, 2011).This approach acknowledges that children face complex problems that require a multi-disciplinary response (Saba, 2007).

According to Munro (2005), the systems approach addresses a number of factors that compromise affective child protection in sub-Saharan Africa and seeks to understand, define and apply the principle of the best interest of the child, promote the adoption of a child-centred approach and coordinate, engage, and build the capacity of a wide range of actors. This approach also aims at promoting the right to child protection, through the raising of knowledge and awareness and increasing access to protection measures, in order to contribute to the prevention of violence, abuse, neglect and exploitation. This could be done through early identification and intervention, as well as by building the resilience of children, families and communities and responding to appropriate services (Pinheiro, 2006; Ward, 2007; Child Frontiers, 2010).

Additionally, the systems approaches aim at moving away from fragmented, single-issue responses and, instead, inspire a more holistic, comprehensive and sustainable

intervention that takes account of the multiple risks that confront children in different contexts and at different stages of their lives (Munro, 2005; UNICEF, 2007; Inter-Agency Group, 2012). Moreover, this approach moves beyond a prior issue/response focus to lead instead towards the creation of a protective environment and the strengthening of child protection systems. A national child protection system is broadly defined as a comprehensive and interrelated approach to the protection of children from abuse, neglect, exploitation and violence and to the fulfilment of children's rights to protection (Save the Children UK, 2010). It is a set of coordinated, formal and informal elements working together to prevent and respond to abuse, neglect, exploitation and other forms of violence against children (United Nations Economic & Social Council, 2008; World Vision, 2011). Interactions between the system and its context drive the system's evolution over time. The formal and informal mechanisms emerge from these same interactions. Moreover, this focus on systems aims to move the child protection sector away from small-scale and isolated projects towards a more systematic, efficient approach that considers the family in a more holistic fashion.

Several consultative meetings and conferences were organised and attended by service providers in Namibia from both formal and non-formal sectors during 2012 with the aim to strengthen the existing child protection services and to work towards an integrated model for child protection (World Vision, 2011; MGECW, 2012). Furthermore, the systems approach suggests that the system itself is revealed when one considers the clarity regarding a shared understanding of the boundary between a child protection system and other formal systems, e.g. education, health, justice and mental health or informal systems, e.g. family, kin, community as an important

aspect of the child protection system that has implications on how one goes on to define functions, capacities, the process of care, governance and accountability (UNICEF, 2008).

SECTION II: CHILD PROTECTION AND CHILD PROTECTION SYSTEMS

2.2   Overview of child protection and child protection systems

This section presents a comprehensive review of child protection and child protection systems, according to existing and accessible literature. Every society has to think deliberately about how to protect its children. The essential question remains: How will children be protected from violence, abuse, exploitation and neglect? Ward (2007) argues that protecting children is a private and a public responsibility because children are also part of a broader community.

Around the world, there is general recognition that childhood confers a special status upon children. This includes recognition of their vulnerability and their need of protection. Differences in child and protection strategies are tied to geography, political and social history, religion, wealth, social structure and cultural beliefs (UNICEF, 2010; Republic of Tanzania, 2013)

A review of the documentation from agencies reveals the following areas of apparent consensus on defining characteristics of child protection systems: they consist not simply of a list of components; many of the components themselves are on-going

processes, and a key characteristic is also the dynamic interplay between the components of the system (Munro, 2005; Save the Children; 2006).

Traditionally these systems have been neither the particular focus of child protection discourse nor that of child protection practice. Historically, analysis and programming regarding child protection have focused on issues such as child abuse, neglect, justice for children and child labour. Many authors are of the opinion that this issue-focused programming in the absence of an understanding of how it relates to the overall system can result in serious limitations and ineffective programming (Pinheiro, 2006, Ward, 2007; Save the Children UK, 2010; Vision, 2011; Dupree & Hardy 2013).

Munro (2005) states that a system integrates the actions of families and children themselves, communities, formal and informal laws and practices, state and non-state actors, to work together to protect children. It looks at all the actions needed to protect children along a continuum, from promotion to a safe environment for the child to prevention through to response and restorative services for children at risk of, or experiencing, violence, exploitation and abuse. When all parts of the system are established and they function effectively and in a coordinated manner, children will be protected from abuse (Saba, 2007).

When a child protection system functions in the best interests of the child, adequate state and voluntary institutions, services and structures are put in place, backed by strong policies, laws and regulations. Professionals providing services for children

are competent and bound by professional standards, and children's views are taken into account (Ward, 2007).

That said, the process of building or otherwise altering child protection systems, is neither a passive nor a deterministic process. With respect to the process, all child protection systems have to have a means to identify children whose rights have been violated. If the normative framework establishes a boundary around the notion of who is in need of protection, the process of care clarifies the myriad ways children and families may come to the system's attention. This includes those ways that rely on voluntary engagement and those that rely on some type of reporting mechanisms. Munro (2005) argues that the process of care also incorporates assessment strategies, case planning, as well as treatment and follow up, with the specific processes shaped by whether the underlying services are promotion, prevention or response.

Because the child protection system serves children coming from diverse circumstances, presenting equally diverse protection needs, it needs a service continuum matched to this diversity (World Vision, 2011). Munro (2005) is of the opinion that the holistic view of children, families, and communities is one hallmark of the systems approach to child protection; it expands what it means to respond to protection needs by adding promotion and prevention as points along the service continuum, depending on how other systems with potentially overlapping mandates are structured in relationship to the child protection system. A coherent child protection system has the means by which to compel the use of resources towards the goals of the system (Save the Children, 2009).

2.2.1   Characteristics, purposes and the need for a child protection system

For a wide variety of reasons, children are not always sufficiently protected (Save the Children, 2006). Protecting children effectively, according to World Vision (2011), requires a deliberate, coordinated effort on the part of all actors, regardless of whether these actors are families, communities, states, NGOs or international organisations.

The on-going call for a focus on child protection systems within the child protection community has been driven by several factors. These include dissatisfaction with the impact of fragmented approaches – particularly within larger child protection agencies such as UNHCR, UNICEF and Save the Children which address a range of interconnected issues in their work; concerns over undermining existing traditional or state protection mechanisms; and growing understanding of children's experiences – which often indicates a range of interconnecting protection failures. The call for a focus on child protection systems was also reiterated in the UN Secretary-General's Study on Violence against Children (2006) which concluded that a holistic systemic approach, which emphasised prevention, was preferred to eliminate violence against children (Pinheiro; 2006; Save the Children UK, 2008).They focus on prevention of and response to violence, abuse, exploitation and neglect, while emphasising the interconnectedness of child protection (Bronfenbrenner, 1989; World Vision; 2011) and other sectors. Rothery (2007) is of the opinion that a systems approach pre-supposes that child protection is a distinct sector of work, the entirety of which would not be covered by other sectors in the absence of a child protection system.

Bromfield and Holzer (2008) state that a child protection system should serve the best interests of children, involve the meaningful participation of children, and be accessible to, relevant to, as well as actively inclusive of all children in the territory covered, regardless of nationality, gender, race, age or stage of development. A child protection system is national in scope. For this reason it necessitates government responsibility and ownership (Munro, 2005; UNICEF, 2007).

Currently, the functions of a child protection system are conceptualised in different ways, but the following appear to be emerging themes: to prevent and respond to abuse, exploitation, neglect and violence. The system, according to Leischow (2008), does this in a range of ways, such as setting legal, practice and other standards, collecting data, providing social services which include family tracing, reunification, psychosocial and reintegration services. The system also mobilises families and communities, raise public awareness, initiate legal action, as well as develop and maintain linkages with other systems in order to meet all child protection needs. These include engaging with justice, police, health, education, economic and child welfare systems. The quality of joint work between the child protection system and these other systems is central to the effectiveness of the child protection system, since these other systems also provide services to children which directly influence their protection.

An effective national and community-based child protection system with clear roles and responsibilities and good links with available resources ensures that there will be law enforcement professionals, social workers, health professionals and other key workers. It has procedures in place for hospitals, police stations, social welfare

offices and other relevant bodies, which can ensure the professional and immediate handling of children who have been abused. Health staff needs to be trained to think of, and sensitively explore, the possibility of sexual abuse and exploitation when faced with puzzling and unusual symptoms. The same applies to protection staff who need to be skilled in integrating child participation into their programmes in a meaningful and ethical way. The ideal system is one that offers an integrated and child-friendly service for abused children and that focuses on prevention. This implies that different relevant sectors pool their resources in a common effort to protect and respond to children. This, in turn, should facilitate the legal process and the medical and psychological follow up. It will reduce stress for children because they will only have to explain their case to a limited number of specially trained professionals, and they will be provided with the necessary care and support (Save the children, 2006).

States should develop a National Child Protection System and allocate sufficient funds to undertake a wide range of measures to prevent and respond to all forms of violence against children (Child Frontiers, 2011; MGECW, 2012; LAC, 2012). The provision of child-friendly legal, medical and psychological services, as well as disaggregated data collection capable of monitoring the prevalence of violence against children should receive attention (United Nations, 2006).

The discussion of building child protection systems have developed partly through a differentiation between this new approach and others which were used previously or are still used currently by agencies.

Additionally, countries identified both upstream and downstream priorities, suggesting the challenges inherent in incorporating issue-based programming into strengthening child protection systems (Munro, 2011). A strong interest in information management, monitoring and evaluation suggests the interest in data-driven programming. Child protection system strengthening will become more meaningful, effective and evidence-based when mapping and strategies are in place to inform priorities and support piloting (UNICEF, 2007; UNICEF, 2010). Donor coordination and funding mechanisms on the strengthening of child protection systems are relatively new, though existing national donor forums can perhaps be re-tooled to focus on investments in systems strengthening. Donor coordination that occurs outside the ambit of government will probably not lead to sustainable government programmes, nor leverage government funds. Kenya's experience suggests that a costed strategic document with a government funding mechanism in place can help ensure that resources are invested in priority areas. Many more countries have identified activities underway than have developed strategic documents. This heterogeneous system strengthening efforts should be studied and supported, though systems building may benefit from mapping and strategic planning. The report by World Vision (2011) explains that owing to the complexity of systems building, and its reliance on such a large number of actors, pilot projects allow for ideas to be tested at a small scale within a national context; this piloting of integrated holistic systems should be supported. It is important to ensure pilots have appropriate monitoring and evaluation systems in place from the beginning (World Vision, 2011).

A functioning child protection system should be informed by children's views and experiences and should strengthen families in the care and protection of their children (Cossar, Brandan & Jordan: 2011). It connects child and family support mechanisms in the community with child-friendly services at all levels. These are regulated by quality standards and delivered by the government or accredited social agencies (World Vision, 2011).

Furthermore, child protection systems need to be flexible and responsive to changing conditions, the differences in the experience of childhood, as well as especially newly emerging and transforming social problems. To develop such provision, it is necessary to understand local circumstances, the status of childhood and vulnerabilities. Any response must take account of the diversity of childhoods and include children's participation (Save the Children, 2009). Other basic principles for child protection include holistic approaches; coordination of responses, services and staffing; community-based mechanisms; national law; standards for services and independent inspection, as well as qualified and competent staff (UNICEF EAPRO, 2009).

2.2.2 The term 'child protection'

In this study, the term 'child protection' will mean protection of children from violence, abuse, neglect and exploitation (Ward, 2007; UNICEF, 2007; Child Frontiers, 2010). In its simplest form, child protection addresses every child's right not to be subjected to harm. It complements other rights that ensure that children receive that which they need in order to survive, develop and thrive; it also covers a

wide range of important, diverse and urgent issues (Save the Children UK, 2006; Bromfield & Holzer, 2008). Therefore, child protection implies that there are multi-disciplinary measures undertaken to guarantee the survival and acceptable development of children in respect of their rights. Child protection is not a uniquely preventative action; it is also an action focused on the provision of services until the child is no longer at risk (Pinheiro, 2006; Save the Children UK, 2008). It is clear that the response to child protection has to be holistic; it has to recognise the duties of all people at all levels to respect children's protection rights and it has to apply to all children in all circumstances without discrimination. Child protection is integrally linked to every other right of the child.

The Secretary General's Study on Violence against Children (Pinheiro, 2006; Sharrock, 2013) reiterates that failure to ensure children's right to protection adversely affects all other rights of the child. Thus, the Millennium Development Goals (MDGs) also cannot be achieved unless child protection is an integral part of programming strategies and plans (Pinheiro, 2006; UNICEF, 2010). Failure to protect children from such issues as violence in schools, child labour, harmful traditional practices, child marriage, child abuse, the absence of parental care and commercial sexual exploitation, among others, means failure in fulfilling both the constitutional and international commitments towards children (Pinheiro, 2006; Burton, Leoschut & Popovac, 2011). Child protection is a statement of intent that demonstrates a commitment to safeguard children from harm and makes clear to all what is required in relation to the protection of children (MGECW, 2007; Ward, 2007). Child protection relies on people and organisations properly equipped to carry out the work (UNICEF, 2010).

2.2.3   The global definition of child protection

UNICEF (2010) uses the term, child protection, to refer to preventing and responding to violence, exploitation and abuse against children; this includes commercial sexual exploitation, trafficking, child labour and harmful traditional practices, such as female genital mutilation/cutting and child marriage. Child protection is a broad term that is used to describe philosophies, policies, standards, guidelines and procedures to protect children from both intentional and unintentional harm. In the current context, it applies particularly to the duty of organisations – and individuals associated with those organisations – towards children in their care (Save the Children, 2005). Child protection, according to Munro (2005), is about protecting children from or against any potential or immediate risk to their lives, their personhood and their childhood. It is about reducing their vulnerability to any kind of harm and protecting them in harmful situations. It is about ensuring that no child falls out of the social security and safety net and that those who do, receive the necessary care, protection and support to bring them back into the safety net (UNICEF, 2006; World Vision, 2011; Interagency Group, 2012).

2.2.4   The Namibian definition of child protection

The following definition of child protection was drafted by participants at the Child Protection Systems Strengthening Workshop in Windhoek held between 24 – 25 September 2012: Child protection was defined as the set of processes and structures, both formal and non-formal, that enables the prevention of, and response to, abuse (physical, sexual, emotional, stigma), exploitation, violence and neglect against boys

and girls, so that they would be able to actively participate in their own development and thrive.

In addition, the participants agreed that child protection must be:

- *Integrated* - involving all formal and non-formal, government and non-government actors, especially social welfare, security, justice, education and health;

- *Holistic* - promoting a protective environment within which children can be protected; thus ensuring that preventive measures are in place, responding to incidents of abuse, violence, exploitation and neglect, as well as supporting children, families and communities to overcome harm;

- *Child- and family-centred* - believing that children have age-specific needs and are best supported and protected within families and communities;

- *Gender sensitive* - believing that children have sustainable, gender-specific needs, and their voices should be heard; being grounded on respect for children's own views, appropriate to the local context and integrated into the broader development priorities of Namibia (MGECW, 2012).

2.2.5   The guiding principles for child protection

The best interest of the child should apply according to the National Agenda for Children (2012 – 2016). Children are unique individuals who require an individualised approach. Therefore, services should be child-friendly and gender-

sensitive because children are different from adults; boys are different from girls. Service providers should always practise non-discrimination and should understand and expand choices available to children to empower them (MGECW, 2007).

Ward (2007) notes that protection and adequate care can only be provided in an environment which promotes and protects all rights. These rights include the right not to be separated from good nurturing parents; the right to privacy; the right to be protected from violence; the right to special protection and assistance by the state; the rights of children with disabilities; the right to health; the right to social security, including social insurance; the right to education and leisure; the right to be protected from economic exploitation, from illicit use of narcotic drugs and from sexual exploitation; the right to be protected from abduction, sale and trafficking as well as torture or other cruel, inhuman or degrading treatment or punishment, and the right to physical and psychological recovery and social reintegration (WHO, 2002; UNICEF, 2007; Save the Children UK, 2008). There is no issue concerning children that is not potentially in some way related to child protection. Often protection concerns lie hidden beneath the surface of issues that seem unrelated (UNICEF, 2006; Sharrock, 2013).

The *UNICEF child protection strategy* states that child protection is a critical issue and should be a high priority in every country. Under the Convention on the Rights of Children (1989) and other international treaties, all children have the right to be protected from harm. Preventing and responding to violence, exploitation and abuse are essential to ensuring children's rights to survival, development and well-being. The vision and approach of All The United Nations Secretary Generals' Study on

Violence against Children (2006) strongly suggest that all States should create a protective environment, where boys and girls are free from violence, exploitation and unnecessary separation from family, and where laws, services, behaviours and practices minimise children's vulnerability, address known risk factors and strengthen children's own resilience (Pinheiro, 2006). This approach is human rights based, and emphasises prevention as well as the accountability of governments and civil society organisations (United Nations, 2008).

Pinheiro (2006) agrees that the fundamental objective of child protection is to ensure that all those with a duty to safeguard the protection of children recognise that duty, and are able to fulfil it. Accordingly, given the ethical and legal imperatives, child protection is the business of everyone at every level of society in every function (UNICEF, 2008; Republic of Tanzania, 2013). Therefore, using the child protection strategy creates duties for presidents, prime ministers, judges, teachers, doctors, soldiers, parents and even children themselves. These duties may be reflected in the legal standards that a country puts in place. They may also be reflected in the choices a government makes; this includes its allocation of resources (UNICEF, 2004; MGECW, 2006).

2.3   Child protection systems

2.3.1   Introduction

Much of the literature recognises and encourages the strengthening of child protection systems. There is clearly momentum building around the strengthening of

child protection systems (UNICEF, 2010). It is now the role of regional and national actors to support this momentum and translate these discussions and findings into an initiative for progress (Pinheiro, 2006; UNICEF, 2007; Ruppel; 2009; World Vision, 2011). Recent studies by international agencies show that there is increasing recognition among key ministries and other child protection agencies that traditional approaches to child protection do not sufficiently prevent violence against children or respond to child protection issues (Pinheiro, 2006; UNICEF, 2007; Republic of Tanzania, 2013). Actors in the child protection system now accept the need to shift away from issue-specific, responsive programming towards a systems approach that includes a strong focus on prevention (WHO, 2002; UNICEF, 2008; Sharrock, 2013). This is evident in all countries globally, as well as in several sub-Sahara African countries, including Namibia, which have conducted mapping and assessments on child protection systems (World Vision, 2011).

A report by World Vision (2011) reveals that an effective national child protection system recognises that the state has the ultimate responsibility and human rights obligation to children. Measures to protect all children will be holistic, inclusive, sustainable and well-coordinated. In essence, rights-based systems will lead to better protection for children (Pinheiro, 2006; UNICEF, 2008). Furthermore, child protection systems refer to mechanisms for preventing and responding to child abuse and neglect (Munro, 2005; UNICEF, 2007). It includes channels for collecting, collating and disseminating data on child abuse which are in their best interests. The systems also include child-friendly guidelines, procedures and a referral process for supporting survivors of child abuse and neglect (UNICEF, 2006).

Recent studies (LAC, 2012; Wessels, Kostelny & Ondoro, 2014) have found that the focus of child protection systems which strength investments is beginning to shift from processes to impact related work such as strategy development and implementation. The fact that visions and strategies are emerging organically from countries is encouraging, and there is hope that this shift will lead to positive impacts on children. System strengthening requires wide coordination between multiple ministries and it benefits from civil society engagement (UNICEF, 2006). Significant progress has been made to establish coordinating bodies in the majority of countries surveyed (World Vision, 2011).

However, it is not clear from the data whether these are pre-existing structures or new structures dedicated only to child protection system strengthening, or whether they are broader structures that are now taking up the task of system strengthening. Furthermore, it is necessary to evaluate whether the type, structure or mandate of coordinating bodies will have an impact on the strengthening outcomes of child protection systems, or ultimately on children's lives. Experience from the Eastern and Southern African Region suggests that coordination remains a challenge that requires ongoing investment (WHO, 2002; MGECW, 2006; Ward, 2007).

2.3.2 Elements of a child protection system

Generally, literature defines a system as a collection of components or parts that are organised around a common goal (Save the Children, 2009). The seven elements and five main types of actors of the child protection system are presented in the figure

below. The figure depicts how both formal and informal systems form an integral part of an effective, holistic child protection system (World Vision, 2011).
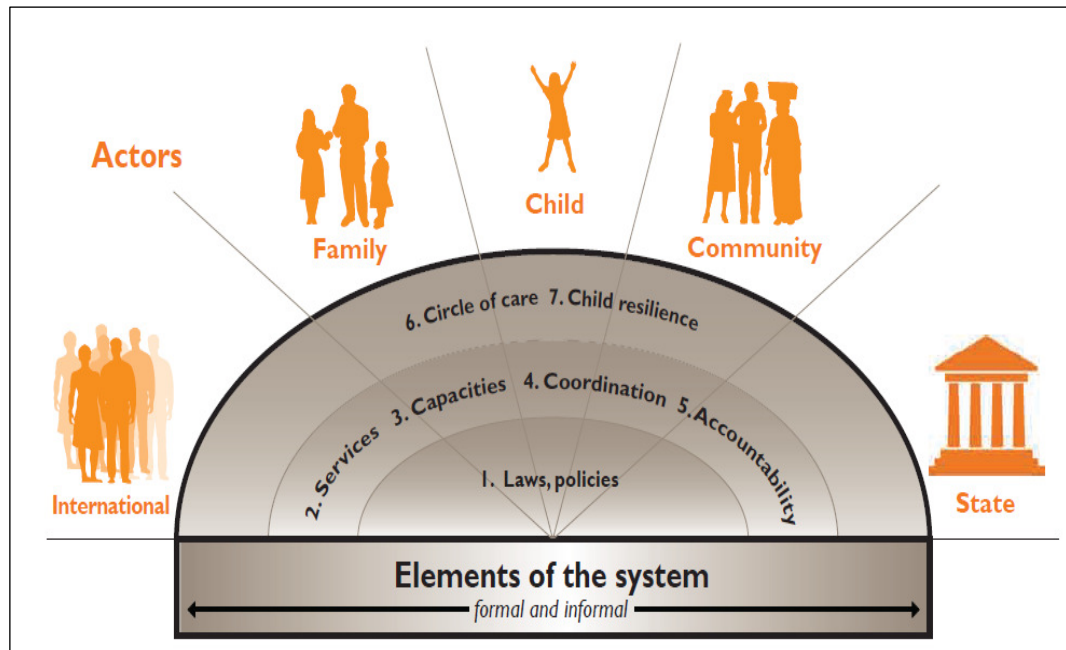
Figure 2. The Elements and Actors of the Child Protection System.

Reprinted from, *A systems approach to child protection*. World Vision International Discussion Paper (p. 3). By B. Forbes, D. Luu, E. Oswald and T. Tutnjevic, 2011. World Vision International.

Figure 2 above depicts the seven elements of the child protection system. Given the cross-cutting nature of child protection, the relationships between the child protection system and other formal or informal systems need to be clearly established: laws and policies, services, capacities, coordination, governance and accountability of respective systems should be clearly defined to eliminate and minimise protection gaps for children (Save the Children, 2006: UNICEF, 2010; Save the Children, 2009; Interagency Group, 2012).

The United Nations Economic and Social Council (2008) agrees that a national child protection system consists of laws and policies that protect children from abuse, neglect, exploitation and violence, as well as respond in the best interests of the child when violations occur; this system does it together with a central government coordination mechanism for child protection, which brings together central government departments, different provinces, central and local levels of government, as well as civil society. Rothery (2007) confirms that child protection consists of effective regulation and monitoring at all levels. For example, in child care institutions and schools, there should be in place a committed workforce with relevant competencies and mandates, together with mechanisms which bring perpetrators to justice.

Furthermore, Figure 2 also shows the following five actors: international agencies, the family, the child, the community and the state as the main types of actors in the child protection system. In particular, children, youth and civil society are extremely important actors in both the functioning and ongoing assessment of the system (UNICEF, 2008; World Vision, 2011).

The family often plays the most influential role in the quality of care and protection that each child receives (Munro, 2011; Republic of Tanzania, 2013). The role of the family is determined through the knowledge, attitudes, capacity and beliefs of each family related to the care and protection of children. The state is a critical actor, given its role and responsibility in the implementation of children's rights to protection, which are articulated in the UN Convention on the Rights of the Child (Pinheiro, 2006; UNICEF, 2007). The majority of formal components of the child

protection system are put in place and implemented by the government authorities at different levels; however, the state is strongly affected by informal elements of the child protection system. This level includes people hired by the state who have roles to play in the protection of children; these include teachers, health workers, police and others (MGECW, 2012). Contrary to this, a study conducted by Child Frontiers in Sierra Leone (2010) reveals that in some socio-cultural contexts, formal system structures are not necessary or appropriate because parents, extended family members and other members of the community protect children through largely informal mechanisms. In other contexts, more elaborate system structures are needed to coordinate the various actors who have been assigned responsibilities within that system.

The international structures and actors play a significant role by supporting the implementation of a child's rights to protection, as well as holding states accountable as duty-bearers pursuant to the CRC and other international rights instruments. They often do this through establishing mechanisms for reporting, review, monitoring and evaluating, complaints, as well as limited redress. The international entities also contribute to the development of research, data analysis, information and database management, as well as advocacy campaigns. Some entities, such as UN entities, act as lead agencies to coordinate efficient and effective responses in emergencies. Therefore, there was a need to include them in the sampling of this study. International child-focused NGOs are also actors in the child protection system. They often are actors in the informal elements of the system, as they advocate and build the capacity of children, family members, partners and government to fulfil their responsibility in protecting children. In some rare cases, NGOs might be part of the

formal elements of the child protection system if they are providing services under the formal mandate of the government (Save the Children, 2008). NGOs directly involved in the child protection system in Namibia particpated in this study.

In communities, both formal and informal elements are at work, and their combination will depend on the particular context. In places where the government system is decentralised, the presence of formal system elements such as special police forces or services may be greater (World Vision, 2011). A study conducted by Munro (2005) states that motivated leadership and positive governance enable action on system work. A conducive political space is the key point for any sustainability in system work (Republic of Tanzania; 2013). Experience in sub-Saharan African countries seems to suggest that also in authoritarian and non-democratic countries political space could be established for the strengthening of the child protection system, yet this will not be grounded on a broader democratic context, and will, therefore, result in a more fragile process. Creating a political space for child protection programming is about creating meaningful alliances and looking at how the different elements of the system must be considered together. For example, a typical workforce strengthening intervention targets curriculum change in social work education or invests in training for a cadre of community-based caregivers (Save the Children, 2008). These kinds of interventions are often done in isolation, without substantive consideration of other system elements (UNICEF, 2010).

To be truly holistic and effective, several other elements need to be considered. For example, it may be necessary to pay attention to the re-allocation of resources to

support curriculum change efforts or to compensate graduates once they have completed a training or educational intervention. To take a strategic look at the workforce picture might involve the need to form a new alliance that includes stakeholders from both the 'informal' systems, e.g. family and community members, traditional leaders and other local actors who apply or have knowledge of endogenous practices, as well as the more formal workforce organisations (World Vision, 2011; Interagency Group, 2012). As one aspect of its work, this alliance may enable close communication with children, families and the community to determine what services could be provided by workers who are hired by government or civil society organisations that might complement community or family mechanisms. Such an alliance might also be a pathway for effective input and power sharing amongst formal and informal actors (UNICEF, 2007; Ward, 2007) in making decisions about support and services for child protection.

2.3.3   The inter-related actors in child protection systems

A child protection system is not only multi-level and multi-dimensional as described above. It is also multi-sectoral. This is why collaboration and coordination are critical elements of child protection systems (Child Frontiers, 2011; Interagency Group, 2012). In reality there are mandates and functions in the child protection system that are performed by the ministries of health, education, justice, labour, women and children's affairs, emergency and disaster response actors and others. Wessels, Kostelny and Ondoro (2014) suggest that in the same way, various actors at the informal and community level must cooperate and be accountable for the protection of children, and caregivers must protect their children through addressing

their health, education, emotional, social, spiritual and other needs. Therefore, in order to fulfil its purpose, the child protection system must have cross-sectoral mandates and functions (World Vision, 2011). This implies that all actors with responsibilities to prevent and respond to child protection concerns need to be linked to the child protection system. This would then include collaboration with certain functions of the education, health and justice systems. For example, the education system may contribute to the child protection system through the promotion of the child's rights to protection, the building of skills for self-protection, non-violent curricula, the reporting of suspected cases of abuse, as well as the inclusion of excluded groups of children (Burton, Leoschut & Popovac, 2011). The contribution of the health system typically includes the reporting of cases of abuse, promotion of appropriate care among new parents, especially those in vulnerable or risky situations and, in some places, the provision of specialised services such as mental health interventions for victims. The justice system plays a role in convicting and prosecuting perpetrators of child abuse or exploitation, as well as administering juvenile justice and protecting children in family law adjudication and custody issues (National Prosecuting Authority of South Africa, 2002; World Vision, 2011). Figure 3 below depicts the actors in child protection and their interrelationships.

When one thinks of a systems approach to child protection, it is important to remember the highly interactive nature of the parts in relation to the whole in a given context. Informal systems such as families, communities and children themselves need to form part of the system (MGECW, 2006; MGECW, 2012). It is important to note that in current discussion on child protection systems, a number of critical questions have been raised: How do child protection systems fit within the wider

social protection, welfare, or justice systems? Do current approaches to child

protection actually lend themselves to integration into an umbrella system? And, in

particular, how might a child protection system incorporate both formal and informal

protection mechanisms? (UNICEF, 2010).
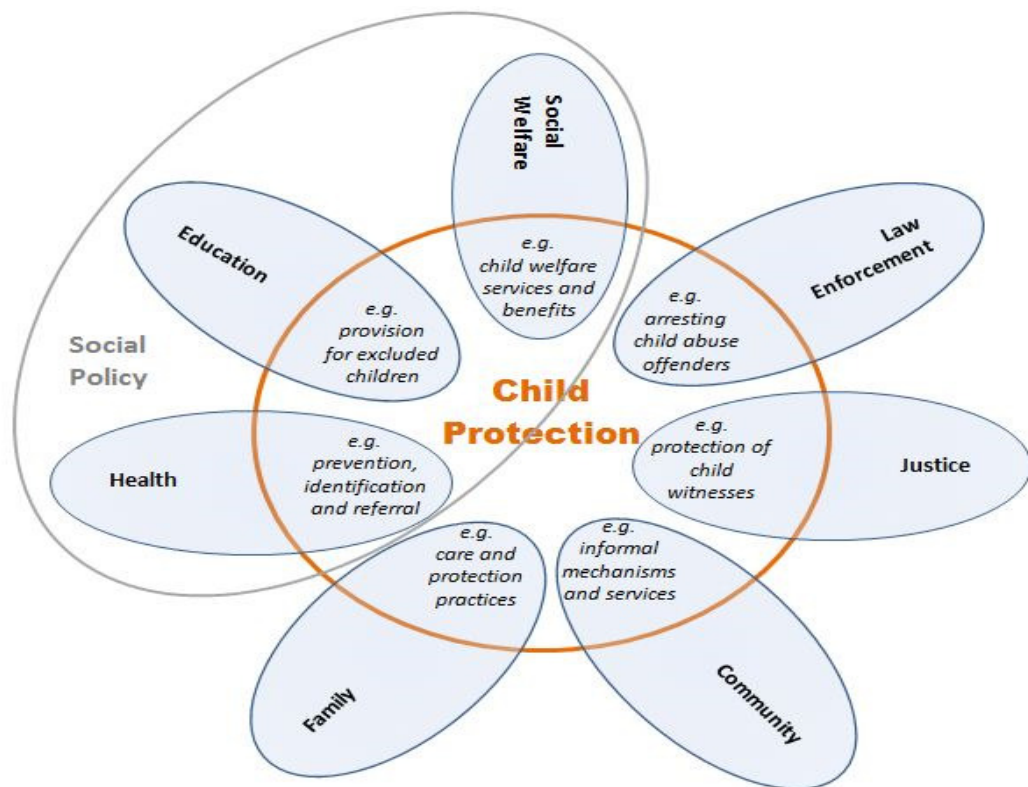
Figure 3: The Inter-related Actors in Child Protection.

Reprinted from, *A systems approach to child protection.* World Vision Discussion Paper (p. 13). By B.Forbes, D. Luu, E. Oswald and T. Tutnjevic, 2011. World Vision International.

2.3.4   Continuum of care service structures

Continuum of care service structures provides a range of services from prevention to protection to reintegration to promotion. These service structures include integrated case management practices such as systematic assessment strategies, case planning, treatment and follow up. Specific processes are shaped by whether the underlying services are promotion, prevention or response. In addition, practice standards and

guidelines adapted to the local context are included as part of a sound approach to the contextualisation and implementation of the service structures (UNICEF, 2010). The interventions across the continuum of care are presented in the Figure below.
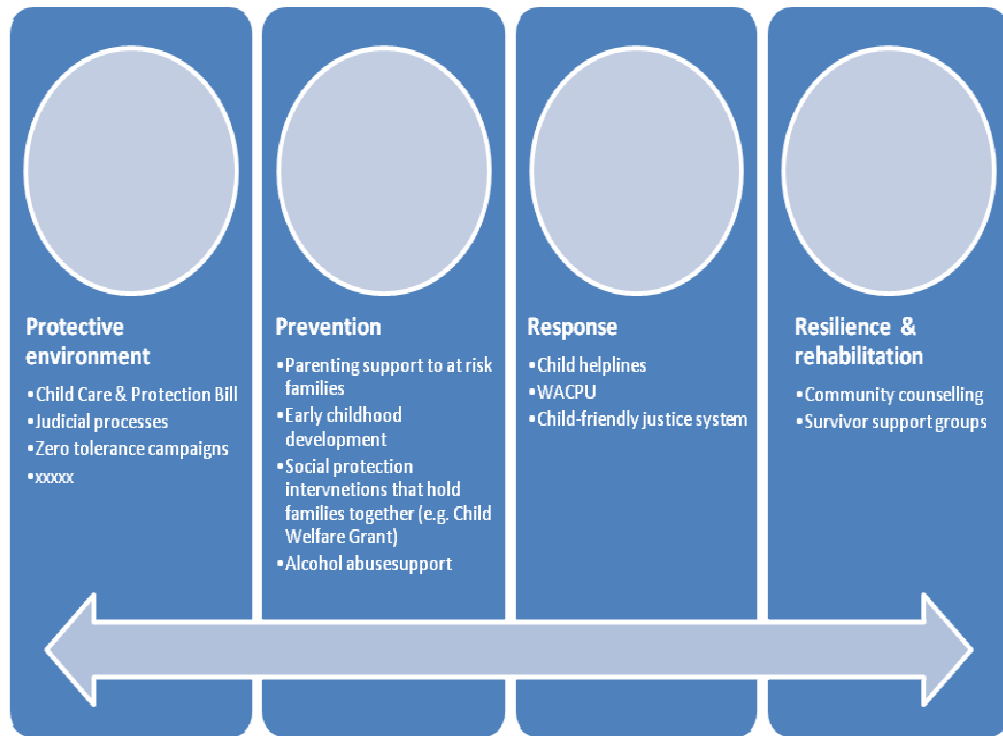
Figure 4: The Interventions Across the Continuum of Care.

Reprinted from *A systems approach to child protection*. World Vision Discussion Paper (p. 14). By B.Forbes, D. Luu, E. Oswald and T. Tutnjevic, 2011. World Vision International.

Child protection response includes the protection of children who are in situations of abuse, exploitation, neglect or other forms of violence. This protection includes helping children escape of harmful situations, strengthening behaviour change to address abusive and exploitative situations or reducing the risk to children living in

dangerous situations. A second response is the restoration of children who have survived, been removed from, or have escaped, exploitation, abuse, neglect or other forms of violence (World Vision, 2011).

2.3.5 The cyclical nature of child protection impact

The cyclical nature of child protection impact is illustrated in Figure 5 below.
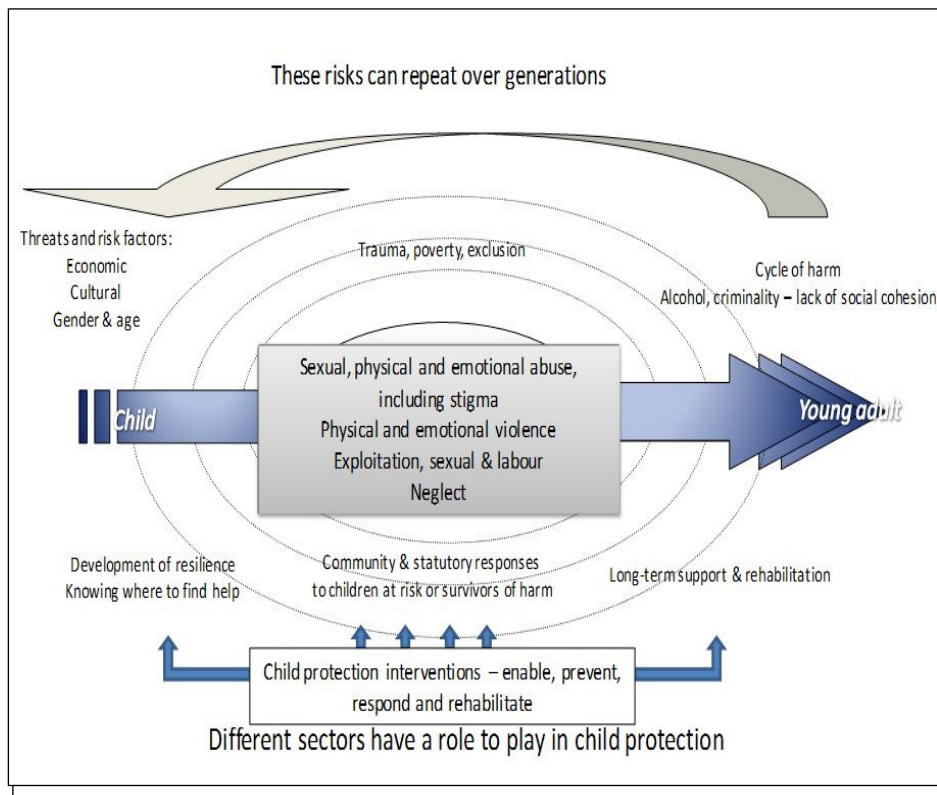
Figure 5: The Cyclical Nature of Child Protection Impact

Reprinted from *A systems approach to child protection.* A World Vision Discussion Paper (p. 15). By B.Forbes, D. Luu, E. Oswald and T. Tutnjevic, 2011. World Vision International.

The cyclical nature regarding the impact of child protection enables the development of resilience in children who know where to seek assistance. Statutory responses to reported cases of child abuse are more effective and efficient. Children and their families receive long term support and much needed after care. All these services and interventions enable, prevent, respond to and rehabilitate abused children (World Vision, 2011).

2.3.6 The comparison and status of child protection systems strengthening efforts by different countries

Mappings of services and programmes have been a primary investment in strengthening child protection systems at country and regional levels over the last five years (UNICEF, 2007). This investment has led to a much stronger understanding of the status of child protection systems. The report by World Vision (2011) also emphasises that the mapping processes and outcomes play a strategic role in identifying and addressing gaps in existing child protection systems. It is evident in this report that relatively few countries have experience in costing child protection strategies, though there is increased interest in these processes (World Vision, 2011). The Interagency Group (2012) argues that a costed strategy can act as a reality check for unreasonable strategies, as well as act as an advocacy tool to influence or leverage national budget processes; it can, furthermore, assist dialogue with external donors regarding specific funding areas.

Figure 6 below depicts a comparison of the efforts by several countries to strengthen child protection systems. It indicates that Namibia has made considerable efforts in

the mapping of services and identifying its priorities. Areas that need more attention in Namibia are costing of the child protection system and the putting in place of financial mechanisms.

Green	= in place
Yellow	= in progress
Red	= not yet in place or only planned

26.7.12	Coordination body in place	Mapping	Strategy document	Costed	Priorities identified	Priorities underway	Financing mechanism
Angola	Green	Yellow	Green	Green	Green	Green	Red
Benin	Green	Green	Green	Yellow	Green	Green	Red
Burkina Faso	Green	Yellow	Red	Green	Green	Green	Green
Burundi	Green	Green	Yellow	Yellow	Green	Green	Red
Cameroon	Green	Yellow	Red	Red	Red	Red	Red
Cape Verde	Red	Red	Red	Red	Red	Red	Red
Côte d'Ivoire	Green	Green	Yellow	Red	Red	Green	Green
Ethiopia	Green	Yellow	Yellow	Red	Yellow	Green	Green
Ghana	Green	Green	Red	Red	Red	Red	Red
Kenya	Green	Green	Green	Green	Green	Green	Green
Liberia	Green	Red	Red	Green	Green	Red	Red
Malawi	Green	Green	Green	Yellow	Green	Green	Green
Mauritania	Yellow	Green	Yellow	Yellow	Green	Green	Green
Mozambique	Green	Yellow	Red	Red	Red	Red	Red
Namibia	Yellow	Green	Red	Red	Green	Green	Red
Niger	Green	Green	Green	Yellow	Green	Green	Yellow
Nigeria	Green	Yellow	Yellow	Red	Red	Green	Red
Rwanda	Green	Red	Red	Red	Red	Red	Red
Senegal	Green	Green	Yellow	Red	Green	Green	Red
Sierra Leone	Green	Green	Yellow	Red	Yellow	Red	Red
Somalia/ Somaliland	Green	Green	Yellow	Yellow	Red	Red	Red
Tanzania	Red	Green	Green	Red	Green	Green	Green
Uganda	Green	Yellow	Green	Red	Green	Green	Red
Zambia	Green	Green	Red	Red	Green	Green	Green

Figure 6: Status of child protection strengthening efforts

Adapted from Strengthening Child Protection Systems in sub-Saharan Africa. A working paper, (2012). Training resources group and play therapy

Africa.*http://www.unicef.org/wcaro/english/strengthening_child_protection_systems_in_sub-Saharan_Africa_-_August_2012_.pdf*

Now that many countries have completed mapping and are moving toward strategies that strengthen developing systems, investment and attention are needed to determine whether the systems approach leads to better outcomes (World Vision, 2011).

2.3.7   Children's participation in the child protection system

The promotion of a variety of elements of children's participation is essential. The service must ensure that children in care are involved in all decisions made about their care as long as their best interests are paramount (UNICEF, 2007). Children should be involved in designing and monitoring services and be involved in management and/or decisions about community-based services. Mechanisms for children to be consulted on policy need to be developed. It is particularly important that mechanisms for the participation of marginalised, poor and excluded children are developed. Mechanisms for children's participation should be developed across sectors and linked to each other. This includes that children are being consulted and that they participate in school management (Burton, Leoschut & Popovac, 2011). There is a need to ensure children's meaningful participation at all levels and forms. This includes children's decision-making on personal planning, placement and care, as well as consultation with children on services and provision, and their involvement in decisions on operation and management of services and support for development of their own organisations (UNICEF, 2008; Interagency Group, 2012).

The increasing importance attached to children's participation, and recognition of the role it plays in developing resilience, requires that participation becomes a central theme throughout practice and policy. Children need to be consulted in the development of policy and in designing and monitoring services. MGECW had several consultative meetings with different categories of children to obtain their input on the Child Care and Protection Bill and the periodic reports on the Convention on the Rights of the Child. On an individual level, children who require protection need also to be involved in decisions made about their placement, plans for their care and their future. Participation is also an important method of working at community level, involving children and taking them seriously, where it has benefits for providing psycho-social support and developing resilience (Save the Children, 2009). The multi-dimensional roles and uses of participation need to be consciously taken up in planning protection work, for both policy and practice (Save the Children UK, 2006).

SECTION III: LEGAL FRAMEWORK RELATING TO CHILD PROTECTION IN NAMIBIA

2.4   Legal and policy frameworks relating to child protection

2.4.1   Introduction

Based on the literature review conducted, this section provides a concise review of the most relevant laws and policies dealing with child protection issues, legal definitions of a child, as well as the international and regional instruments Namibia is party to. It aims to give the reader an understanding of the current acts and policies and their provisions to protect children and identify how these laws can help protect children.

Several studies have shown that children are still not top priority in sub-Sahara Africa, despite the number of countries that have become party to the Convention on the Rights of the Child (CRC) and the African Charter on the Rights and Welfare of the Child (ACRWC) (UNICEF, 2006; Theron, 2005; MGECW, 2006; Child Frontiers, 2011; Republic of Tanzania, 2013). This lack of urgency about children's rights is demonstrated by the number of child-centred bills that are outdated but pending for significant periods in Namibia and other countries (Ruppel, 2009; LAC, 2012).

Although the law cannot guarantee changes, it can be a vehicle for transformation in the social, economic and political spheres. Professionals and community groups need to be educated on the laws and policies of the country in order to deliver effective and efficient services to children (MGECW, 2009). Clearly, laws alone are not sufficient to protect the rights of children. Ruppel (2009) states that appropriate economic policies, institutional reform, training of professionals, social mobilisation and the modification of attitudes and social values are essential in achieving child protection. Nonetheless, law reform as a reflection of political will and contemporary morality remains fundamental to the broader, coordinated goal of protecting all rights of children, including the right to be protected (Ward, 2007).

The well-being of a country's children depends on the well-being of their immediate caretaking environment. In turn, families and communities will be better enabled to support and protect their children if national laws and policies are developed in harmony with the UNCRC and the ACRWC that underpin the delivery of high quality essential services to all children (United Republic of Tanzania, 2011).These two conventions will be used in this study to compare the quality and efficacy of the Child Protection System in Namibia

2.4.2   Child protection according to international and regional human rights obligations

The Table below will illustrate the relevant international and regional legislation and policies relevant and of particular importance to child protection in Namibia.

Table 1: Namibia's key international obligations relevant to violence against children.

Namibia is a signatory to the following international conventions, without reservations:

1. The UN Convention on the Rights of the Child (CRC), 1989.

   The Convention on the Rights of the Child (CRC) was ratified by Namibia in 1990. The CRC seeks to promote and protect the rights of all children while also catering for the special needs of children living in particularly difficult conditions. It also seeks to improve their living conditions and promote their well-being and developmental outcomes. In broad strokes, the rights that are enshrined in this instrument are "survival rights, protection rights, development rights and participation rights of children". In its several clauses it mentions certain key points that are relevant to child protection.

   The Convention on the Rights of the Child obligates Namibia to protect children from sexual exploitation and prevent the exploitative use of children in prostitution and the inducement and coercion of children to engage in unlawful sexual activity (MGECW, 2011).

   1.1 *Article 19* of the CRC requires children's protection from all forms of physical and mental violence. This article requires States to take a

variety of measures, legislatives, administrative, social and educational to protect children from all forms of violence, injury or abuse, neglect, exploitation or maltreatment.

1.2 *Article 32* recognises the right of the child to be protected from economic exploitation and from any work that is likely to be hazardous or to interfere with the child's education or to be harmful to the child's health or physical or mental, spiritual, moral or social development.

1.3 *Article 34* obliges States to protect children from all forms of sexual exploitation and sexual abuse.

1.4 *Article 35* acts as a protection for children at risk of abduction, sale or trafficking

1.5 *Article 37* requires protection of children against torture and cruel, inhuman or degrading treatment or punishment.

1.6 *Article 39* obliges State parties to take all appropriate measures to promote physical and psychological recovery and social reintegration of a child victim of any form of neglect, exploitation or abuse, torture or any other form of cruel, inhuman or degrading treatment or punishment or armed conflict. Such recovery and reintegration shall take place in an environment which fosters the health, self-respect and dignity of the child.

1.7 *Article 40* of the CRC obliges State Parties to establish child-oriented justice systems;

2. The Optional Protocol to the CRC on the Sale of Children, Child

Prostitution and Child Pornography

The Optional Protocol to the CRC on the Sale of Children, Child Prostitution and Child Pornography was ratified by Namibia on 16 May 2002. The Optional Protocol puts special emphasis on the criminalisation of serious violations of children's rights, namely the sale of children, illegal adoption, child prostitution and pornography (MGECW, 2007);

3. The Optional Protocol on Involvement of Children in Armed Conflicts

The Optional Protocol on Involvement of Children in Armed Conflicts was ratified by Namibia on 16 May 2002 (MGECW, 2007);

4. The African Charter on the Rights and Welfare of the Child

(ACRWC). This charter was ratified by Namibia in 2004. In comparison with the CRC, the ACRWC affords a higher level of protection to children. In so doing, the ACRWC provides a better understanding of the value that Africans attach to their children, than does the CRC. The convention also sets out the responsibilities and duties of the child, which is truly a unique quality. Contained within the Charter are such articles as the African child's right to be protected from all types of abuse and neglect (Article 16); the right to parental care (Article 19) and to protection from all forms of sexual exploitation (Article 27). Articles 4 and 14 refer to the requirement to act in the best interest of the child and the right to treatment. Member states of the African Union are obliged to make the necessary legal provisions in order to give effect to the Charter and to protect the committees responsible for

the Charter (MGECW, 2007);

5. The Child International Covenant on Economic Social and Cultural Rights (UN, 1966);

6. The International Labor Organization Convention

    The International Labor Organization Convention 138 (ILO, 1999) on the minimum age of Admission to Employment and Work, 1973, ratified in 2000 and applied through the Labor Act 11 of 2007;

7. The Convention on the Rights of Persons with Disabilities;

8. The International Covenant on Civil and Political Rights

    The International Covenant on Civil and Political Rights, Article 24 of this covenant recognises the right of every child to receive care from family, society and the State, as well as the protection required by the child's status as a minor; it requires that States take special measures to ensure that children are protected. This includes "every possible economic and social measure to prevent them from being subjected to acts of violence and cruel and inhuman treatment";

9. The ILO Convention on the Worst Forms of Child Labor

    The ILO Convention on the Worst Forms of Child Labor (no. 182), Protocol to Prevent, Suppress and Punish Trafficking in Persons, (National

Planning Commission: 2010);

10. The ILO Convention No. 138 on the Minimum Age for Admission to Employment and Work;

11. ILO Convention 182 on the Prohibition and Immediate Elimination of the Worst Forms of Child Labor, 1999.

As a signatory to this Convention, the Namibian government has undertaken to prohibit and eliminate, in particular, inappropriate child labour and the commercial sexual exploitation of children. ILO protocols state that each country should determine age cut-offs for particular work activities (MGECW, 2007). Child prostitution is also covered by the ILO Convention on the Worst Forms of Child Labor to which Namibia is a signatory (MGECW, 2011);

12. The Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment and its Optional Protocol;

13. The Rome Statute of the International Criminal Court;

14. The Convention on the Elimination of All Forms of Discrimination against Women and its Optional Protocol (CEDAW);

15. The Convention against Transnational Organized Crime and the Protocol to

Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children;
16. The SADC Declaration on Gender and Development and its Addendum on the Prevention and Eradication of Violence against Women and Children.
Sources: (UNICEF, 2007; MGECW, 2007; National Planning Commission, 2010; MGECW, 2011).

In recent years, Namibia has made significant progress towards incorporating the CRC and ACRWC into the national legal and policy framework and in establishing the basic legal framework for child protection. However, legislative measures are not always implemented as effectively as they could be and, moreover, they have not yet proven to be a sufficient deterrent to the mistreatment of children in Namibia. Clearly, although good laws to protect children are important, they are not and will not be sufficient on their own (Ruppel, 2009).

2.4.3   Child protection according to Namibian legislation

2.4.3.1   The Constitution of Namibia, 1990

The Namibian Constitution is the fundamental and supreme law of the country. Article 15 includes certain children's rights as justifiable. This includes the following rights:

Children shall have the right from birth to a name, the right to acquire a nationality and be subject to legislation enacted in the best interests of children – this is not clear, and as far as possible the right to know and be cared for by their parents. Children are entitled to be protected from economic exploitation and shall not be employed in or required to perform work that is likely to be hazardous or to interfere with their education, or to be harmful to their health or physical, mental, spiritual, moral or social development. No children under the age of fourteen (14) years shall be employed to work in any factory or mine, safe under conditions and circumstances regulated by Act of Parliament.

Any arrangement or scheme employed on any farm or other undertaking, the object or effect of which is to compel the minor children of an employee to work for or in the interest of the employer of such employee, shall for the purposes of Article 9 hereof be deemed to constitute an arrangement or scheme to compel the performance of forced labour (MGECW, 2006).

2.4.3.2   The Children's Act, Act 33 of 1960

The main national law governing child protection services in Namibia is the Children's Act, Act 33 of 1960. This Act is outdated and silent on important child protection issues such as prevention and early intervention, inter-country adoptions, child trafficking and shelters; it will be replaced by the Child Care and Protection Bill that has been passed recently in Parliament (MGECW, 2006).

2.4.3.3   The Children's Status Act, Act 6 of 2006

This Act makes provision for children born outside of marriage to be treated equally and to have the right to know and be cared for by both parents. It provides for matters relating to custody, access, guardianship and inheritance (MGECW, 2006).

2.4.3.4   The Child Care and Protection Act, Act 3 of 2015

The Child Care and Protection Act, Act 3 of 2015 will replace the Children's Act, Act 33 of 1960 that is currently in force. This Bill was made an Act of parliament during March 2015 and gazetted on 22 May 2015 as No. 5743. The Ministry of Gender Equality and Child Welfare is finalising the Regulations and intend training of professionals before the Act can be implemented (Ministry of Justice, 2015).

This Act incorporates the essential elements to build a protective environment and it sets out the framework for a child protection system to prevent and respond to abuse, violence, exploitation and neglect of children (Child Care and Protection Act, Act 3 of 2015). To give effect to rights of children as contained in the Namibian Constitution and international agreements binding on Namibia; to set out principles relating to the best interests of children; to set the age of majority at 18 years; to provide for parenting plans and their formalisation; to provide for proof of parentage and parental rights and responsibilities in respect of children born outside marriages; to provide for custody and guardianship of children upon the death of the person having custody or guardianship; to provide for the status and matters relating to certain children; to provide for measures relating to children in need of protective

services; to provide for the issuing of contribution orders; to provide for foster care; to provide for kinship care of children; to provide for prevention and early intervention services in relation to children; to provide for residential child care facilities, places of care and shelters; to provide for grants payable in respect of certain children; to provide for additional measures for the protection of children; to provide for provisions relating to persons unfit to work with children; to provide for the domestic adoption and inter-country adoption of children; to combat the trafficking of children; to provide for the establishment of a National Advisory Council on Children; to provide for the appointment of a Children's Advocate; to provide for the establishment of a Children's Fund; to provide for appointment and designation of social workers, probation officers; to provide for designation of child protection organisations for certain purposes; to make provision relating to children's courts, court procedures and court orders; to make provision for the application of certain Conventions in Namibian law; to repeal certain laws, including the Children's Status Act, 2006; to amend the Combating of Immoral Practices Act, 1980, the Liquor Act, 1998, and the Combating of Domestic Violence Act, 2003; to give effect to the United Nations Convention on the Rights of the Child and the African Charter on the Rights and Welfare of the Child; to create new offences relating to children; and to provide for incidental matters (Ministry of Justice, 2015).

2.4.3.5   The Combating of Rape Act, Act 8 of 2000

This Act provides for a much broader definition of rape, sexual acts and coercive circumstances; it includes sexual crimes against boys and marital rape. Minimum and

maximum sentences for perpetrators of rape are stipulated in this act (MGECW, 2006).

2.4.3.6   The Combating of Immoral Practices Amendment Act, Act 7 of 2000

This Act was amended to extend the prohibition of sexual or indecent acts with youths and to provide for matters incidental thereto. It is a substitution of Section 14 of the Combating of Immoral Practices Act of 1980. This Act protects children under the age of sixteen. This Act also makes provision for the danger of possible HIV infection of a rape survivor. Should a rapist knowingly expose his or her victim to HIV infection through rape, he or she will receive the heaviest minimum sentence. In addition to a rape charge, such behaviour also forms ground for a murder charge (MGECW, 2006).

2.4.3.7   The Combating of Domestic Violence Act, Act 4 of 2003

This Act makes provision for protective measures such as protection orders that include custody and maintenance orders to protect children involved in and affected by abusive domestic relationships (MGECW, 2006).

2.4.3.8   The Criminal Procedures Amendment Act, Act 24 of 2003

This Act makes provision for special arrangements and special measures for all vulnerable witnesses. This includes child witnesses and making court proceedings less traumatic for children (MGECW, 2006).

2.4.3.9   The Prevention of Organized Crime Act, Act 29 of 2004

This Act includes special provisions for victims of trafficking and other organised crimes (MGECW, 2006).

2.4.3.10 The draft bill on trafficking in persons, especially women and children

This draft bill aims to domesticate the United Nations Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children; to provide for the offence of trafficking in persons and ancillary offences associated with it; to provide for the prevention and combating of the offence of trafficking in persons; to protect and assist victims of the trafficking in person taking into account their human rights; to provide for the establishment of an Inter-Ministerial Committee on Trafficking in Persons; to supplement the Prevention of Organised Crime Act 29 of 2004 and matters related thereto (MGECW, 2012).

2.4.3.11 The Maintenance Act, Act 9 of 2003

The legal duty to pay money or goods to provide for the support of dependants is provided for in this Act. Parents of a child share responsibility for the maintenance of this child. Maintenance is for basic living expenses such as housing, food, clothing, medicine and schooling. This Act provides that all children are equal, regardless of their birth order, whether inside or outside of marriage, regardless of what customary law applies; it also provides that a mother can claim for pregnancy- and birth-related expenses (MGECW, 2006).

2.4.3.12 The Labour Act, Act 6 of 1992

The Labor Act, No. 6 of 1992 makes it illegal to employ a child under the age of 14 for any purpose, and provides varying degrees of protection for children between the ages of 14 and 16 (Section 42). Children between the ages of 14 and 16 cannot be employed in mines, factories, electricity works, construction work or in connection with the installation or erection of machinery. It is also illegal for an employer to establish a scheme whereby an employee's child is required to perform labour on behalf of his or her parent, where the child is under the age of 18 years (MGECW, 2006).

2.4.3.13 The National Agenda for Children (2012 - 2016)

The National Agenda for Children (2012 - 2016) is aligned with national as well as international commitments and planning tools, and is designed to be integrated into

these for the purpose of strengthening the applicable national systems and processes (MGECW, 2012) The Agenda has 5 commitments. Commitment 5 shows the government's commitment to ensuring that children in Namibia are protected from neglect, violence, abuse and exploitation (MGECW, 2012). This agenda is implemented through a partnership of government, civil society and the private sector. Together these documents form a vision for child protection in Namibia, and strongly signal the commitment of national Government to work together across sectors for sustained change. This agenda is a call for action to put the constitutional mandate on the rights of children into implementable strategies. The agenda is anchored in five pillars namely: health and nourishment; early childhood development and schooling; HIV prevention, treatment, care and support; adequate standard of living and legal identity and protection against neglect and abuse. This strategic framework is devised to guide all sectors in Namibia towards fulfilling their obligation to ensure that all the rights of children are met.

The realisation of children's rights requires duty-bearers which include families, communities, government and civil society organisations to work together to fulfil these rights. The National Agenda for Children recognises the importance of family and parental responsibility for a child's upbringing, as well as the community's role in supporting its families, with government providing appropriate assistance (MGECW, 2012).

2.4.4   The legal definition of a child

Both the UN Convention on the Rights of the Child and the African Charter on the Rights and Welfare of the Child define a child as a person below the age of 18 (UNICEF, 2007; MGECW, 2012). In Article 1, the UNCRC defines a child as every human being below the age of eighteen years unless under the law applicable to the child, majority is attained earlier. The Committee which monitors the Convention encourages countries to harmonise the definition of 'child' and the age of majority if they are not already the same. This includes countries where the age of majority is higher than 18 years. Since there is nothing in Namibia's Constitution which conflicts with this approach, the Child Care and Protection Bill that was passed recently in parliament will follow suit.

2.4.4.1   Legal definition of the child in Namibia

People refer to children as adolescents, learners, the youth, majors, minors, adults and elders – amongst other terms (Ruppel, 2009). The Constitution of Namibia does not provide any general definition of a child. Article 15 on children's rights contains five sub-articles which give different kinds of protection to children. This includes protection from work in a factory or mine under the age of 14, protection from other harmful forms of work under the age of 16, protection from preventative detention under the age of 16 and protection from forced labour until the age of majority. Sub-article (2) on economic exploitation says children shall be persons under the age of 16. Other provisions of the Constitution mention different ages for other purposes such as the age of 16 for compulsory education, the age of 18 for voting and the age

of 21 for running for office. Namibia's Maintenance Act (2003) provides another example of how such extensions of rights could work; maintenance orders normally terminate when a child reaches the age of 18, but continue to the age of 21.

When we look only at government, we have the Ministry of Gender Equality and Child Welfare which takes responsibility for children aged 0 –18, continuing up to the age of 21 if they are still in school. The Ministry of Youth, National Service, Sport and Culture defines youth as persons aged 15 – 35. Our National Policy on Orphans and Vulnerable Children defines an orphan as a child who has lost one or both parents because of death and is under the age of 18 years; it defines a vulnerable child as a child who needs care and protection. The National Policy for Reproductive Health defines an adolescent as a person aged 10 – 19, and the youth as persons aged 19 – 30 (LAC, 2006). In 1994, after considering Namibia's first periodic report under the Convention, the Committee noted with concern "the contradictions to be found in national legislation with respect to the definition of the child" (MGECW, 2008).

2.4.4.2   Across Africa

Across Africa, constitutional provisions refer to children in a variety of ways, using terms such as minors, young persons, youth and infants (MGECW, 2008).

2.4.4.3   International perspectives on the age of majority

Most countries in the world set the age of majority at 18. However, there are variations, with the age of majority ranging from as low as 14 (for example, in

Albania) to as high as 21 (for example, in *Namibia* and *Lesotho*). The fact that the age of majority varies by up to seven years shows that this issue is not just about the age when a child becomes competent to perform certain legal acts, but also about when a person is considered mature enough to be viewed as an adult, according to the cultures of various countries. The trend towards setting the age of majority at 18 is partly a result of the United Nations Convention on the Rights of the Child, which has been ratified by every country in the world except for *Somalia* and the *United States of America.*

Several other countries have been criticised by the Committee for having an age of majority which is higher than 18. For example, *Egypt* was specifically criticised for their discrepancy between the definition of child in children's legislation and a higher age of majority in other laws. Similarly, in the case of *Lesotho*, the Committee noted its concern about the contrast between the definition of a child as a person less than 18 years of age and the age of majority that was set at 21. The Committee recommends that the State Party harmonises its legislation in order to avoid the situation where there are effectively two categories of minors: those under 18 years and those between 18 and 20 years of age. The main motivation for harmonising the ages is to ensure that children do not lose any of their special legal protection before they acquire complete adult rights.

The International Covenant on Civil and Political Rights does not include a definition of a child or set any age limits. The Committee which oversees this Covenant has stated that the age at which a child attains majority is to be determined by each State Party in the light of the relevant social and cultural conditions.

For the purposes of this study, a child means every human being below the age of 18 years. As with the UN Convention on the Rights of the Child, this definition of a child is only for the purposes of the Charter. It has been noted, however, that the African Charter's definition of a child is "stronger" than that of the UN Convention, because it does not allow for any exceptions where national law sets a lower age of majority.

2.4.4.4   Evolving capacities

The implementation handbook for the Convention on the Rights and Welfare of the Child (UNICEF, 2007) argues that children need varying levels of direction and guidance in accordance with their evolving capacities. Because of the principle of evolving capacities, it is also possible and sometimes logical for certain legal protections to extend beyond the age of majority (Ministry of Education, 2008). For example, in the *United States of America*, many States set the age of majority at 18, while persons may drink alcohol only at the age of 21. In *Scotland*, young people have full legal capacity at 16 years, but the court may ratify or set aside transactions made by persons between the ages of 16 and 18 if they are prejudicial, measured by what an adult acting with "reasonable prudence in the same set of circumstances would have done". In *South Africa*, although the age of majority is now 18, children who have been placed in alternate care by means of a court order may remain in such care under some circumstances until the end of the year in which they turn 21 (UNICEF, 2007; Legal Assistance Centre, 2005).

SECTION IV: EXISTING INTEGRATED SERVICE RESPONSE TO VIOLENCE AGAINST CHILDREN

2.5   Integrated Child Protection Services and Response in Namibia

2.5.1   Introduction

The core aim of this study is to assess the efficacy of the Namibian Child Protection System's response to violence against children. This section examines the child protection systems in Namibia and presents a short overview of the key ministries and other key role players dealing with child protection. The focus of this study will be on the Child Welfare System - Ministry of Gender Equality and Child Welfare, the Law Enforcement System - Ministry of Safety and Security - Namibian Police, the Justice System - Ministry of Justice and the Health System - Ministry of Health and Social Services as flagship ministries in this area.

An integrated Child Protection System concretises the Government's responsibility for creating a system to protect children in the country. Such a system is influenced by the nature of regulatory frameworks, structures, resources, professionals and the relationships between them (Pinheiro, 2006; Save the Children, 2006; World Vision, 2011). It, therefore, seems that the Integrated Child Protection System is based on the cardinal principles of the protection of child rights and best interests of the child. It aims to cover all child protection issues and provide child-friendly services at all levels (Save the Children UK, 2006).

Contrary to this, in Namibia, some specialised services for children, such as the child-friendly court facilities, shelters and Woman and Child Protection Units, are localised and only offered in regional towns (MGECW, 2006; Ruppel, 2009). Similarly, response services refer to the help that children receive when they are in need of special protective measures. The legislation stipulates formal processes for intervention and essential services once a child is in need of care and protection, but overarching protocols and guidelines have still to be developed for enacting these provisions (Ruppel, 2009; MGECW, 2012).

Much of the literature recognises that programming for such as the child friendly court facilities, shelters and Woman and Child Protection Units the prevention of violence, care and treatment means that no single sector in isolation will have an optimal impact on prevention and response efforts (Pinheiro, 2006; Sharrock, 2013; Wessels, Kostelny & Ondoro, 2014). Similarly, Ward (2007) argues that no one sector or profession has the skills, knowledge or resources necessary to comprehensively meet all the requirements of a child's protection needs. It is essential, therefore, that a coordinated, multi-sector response is made by all sectors and professionals involved in working with children, in need of care and protection and their families (World Vision, 2011).

It is stated in the National Agenda for Children (MGECW, 2012) that the government as main duty bearer is accountable for the protection of children and so have a number of responsibilities regarding children's rights and child protection. These include recognising and ensuring that all ministries have a role in fulfilling

children's rights; that provision and services are integrated and coordinated, as well as that there are practice standards and inspection in place. In addition to analysing responsibilities, in order for child protection provisions to work, there needs to be an integrated approach, namely to respond to children's total circumstances (MGECW, 2006). Consequently, the Namibian government has acknowledged its commitment to children during its formative stages by signing the Convention on the Rights of the Child in 1990, just months after Independence.

A study by the National Planning Commission (2010) confirms that Namibia has agreed to extend protection to children across all aspects of their lives. Accordingly, it has committed itself to address the situation of children in the country in a comprehensive manner in order to foster their development, protect them, and prepare them so that they can serve society more effectively.

Furthermore, a study done in 5 regions by MGECW (2012) reveals that Namibia has been made considerable progress in a number of areas. Firstly, progress had been made in developing a legislative framework to protect women and children; secondly, progress is also evident in the establishment of 15 specialised police units, called the Woman and Child Protection units. These units are located in each of the political regions, primarily on the premises of state hospitals where they provide multi-sectoral services to both adults and children under the leadership of the Namibian Police in partnership with MGECW. Ruppel (2009) and LAC (2012) are of the opinion that more needs to be done to improve the quality and standards of integrated services for those children and adults who have been abused, exploited or

sexually violated, and to prevent harm to those who are at particular risk of such (MGECW, 2012).

The Child Protection Strategy of the UNICEF's executive board describes child protection systems as a "set of laws, policies, regulations and services, capacities, monitoring, and oversight needed across all social sectors – especially social welfare, education, health, security, and justice – to prevent and respond to protection related risks" (UNICEF, 2008, p. 5).

2.5.2   Structural and institutional arrangements

2.5.2.1   Functions of the Child Welfare System - Ministry of Gender
Equality and Child Welfare (MGECW)

The Ministry of Gender Equality and Child Welfare (MGECW) has the lead responsibility for promoting the rights and welfare of children. The Ministry provides overall coordination and leadership for the National Agenda for Children as a five-year framework (2012 - 2016) devised to guide all sectors in Namibia towards fulfilling their obligation to ensure that all the rights of children are met (MGECW, 2012). These priority commitments aim to address gaps that were identified in the Situational Analyses of Children and Adolescents in Namibia (National Planning Commission, 2010).

The MGECW designed the National Gender Policy to provide guidance for stakeholders and institutions at all levels, and to ensure that they always consider a

gender perspective in their planning and programming processes. This policy includes priority areas such as gender-based violence and the girl child. The Child Welfare Directorate within the Ministry of Gender Equality and Child Welfare protects and promotes the well-being of children in the context of family and community for them to develop into responsible citizens who will contribute to socio-economic development (MGECW, 2006).

The role of the Permanent Task Force is central to engaging all stakeholders around the issue of child protection. The MGECW, as chair of the task force, is helping to coordinate meetings on a quarterly basis at national level to monitor the implementation of the National Agenda for Children.

The Ministry coordinates the implementation of the Child Care and Protection Bill that was passed during September of 2014; it also raises community awareness of the law and completes the development of relevant regulations. The Directorate builds the capacity and equips child protection front line workers and other duty bearers with knowledge and basic skills to prevent and respond to all forms of violence against children.

The Assessment of the Protection Services in 5 regions conducted by this Ministry made recommendations to improve service delivery. One of the recommendations was to develop a referral protocol. The National Protection Referral Flow Chart below has been developed through a collaboration of key agencies to improve referrals and service delivery (MGECW, 2012). This flow chart was widely distributed and service providers were trained on how to use it:
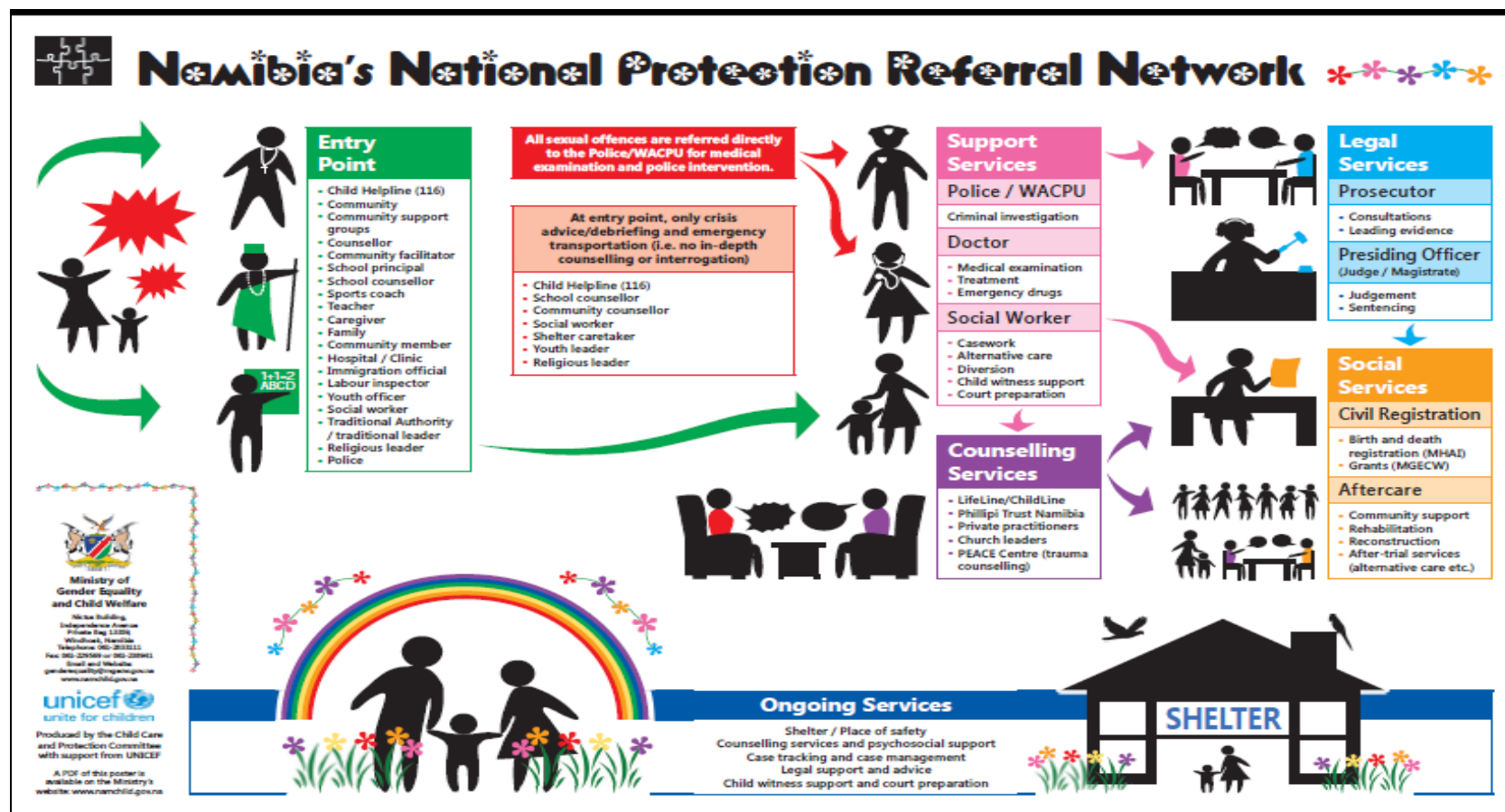
Figure 7: National protection referral flow chart.

Reprinted from, *State Party Report on the African Charter on the Rights and Welfare of the Child* (p. 79). By the Ministry

of Gender and Child Welfare (2012)

Other recent studies reveal that protection services in Namibia as fragmented and poorly coordinated (MGECW, 2012; USAID, 2013). Children in Namibia are a priority on the government agenda, notwithstanding that some work still needs to be done. On the other hand, Ruppel (2009) states that despite all these achievements children still struggle to access services and suffer secondary victimisation because of all the gaps in the Child Protection System. Furthermore, despite the establishment of specialised police units, numerous barriers, such as inadequate institutional infrastructure, shortage of human and financial resources, were found in recent studies by USAID (2013) and LAC (2012).

2.5.2.2   The roles of social workers in the Ministry of Gender Equality and Child Welfare

Social workers in Namibia need to be registered at the Health Professions Council in terms of the Social Work and Psychology Act, Act 6 of 2004 to be able to practise as social workers. The primary functions of child welfare agencies are to investigate allegations and to process complaints about violence against children, as well as to offer family support. Following investigations, the social worker may refer cases to the children's court for prosecution. Social workers are also responsible for crisis intervention, risk assessment, therapeutic services, statutory services, court preparation, rehabilitation and reconstruction services and, overall, in safeguarding the well-being of the child (MGECW, 2010; MGECW, 2007; National Prosecuting Authority of South Africa, 2002). If there is no disclosure, the social worker verifies the information and the conclusion made can be presented to the court by the social

worker as an expert witness (Kreston, 2007; Gladding, 2000). Social workers have a supportive role at police stations, courts and hospitals, and advocate for the rights of children. Social workers are on standby duties after hours and on weekends, and are called out when the need arises. They also act as information providers and a referral resources, and do outreach and prevention services (Legal Assistance Centre, 2005; MGECW, 2012).

The Human Resources Needs Assessment Report (2010) revealed that a significant shortage of social workers in the country is a major challenge which needs urgent redress. The distribution of personnel was found to be uneven and not necessarily streamlined in regions. (MGECW, 2010). The quality of services is compromised (LAC, 2006). Availability and accessibility of social workers are a concern and need to be addressed as a matter of urgency, according to the Human Resources and Capacity Gap Analysis (MGECW, 2007).

The Figure below depicts the current staff structure in the Child Welfare Directorate. The current operational staff is 105. The staffing projection in the Human Resources Needs Assessment Report (2010) is 409. They work with all child related cases including cases of violence and exploitation. Specialisation is not possible due to the shortage of human resources.
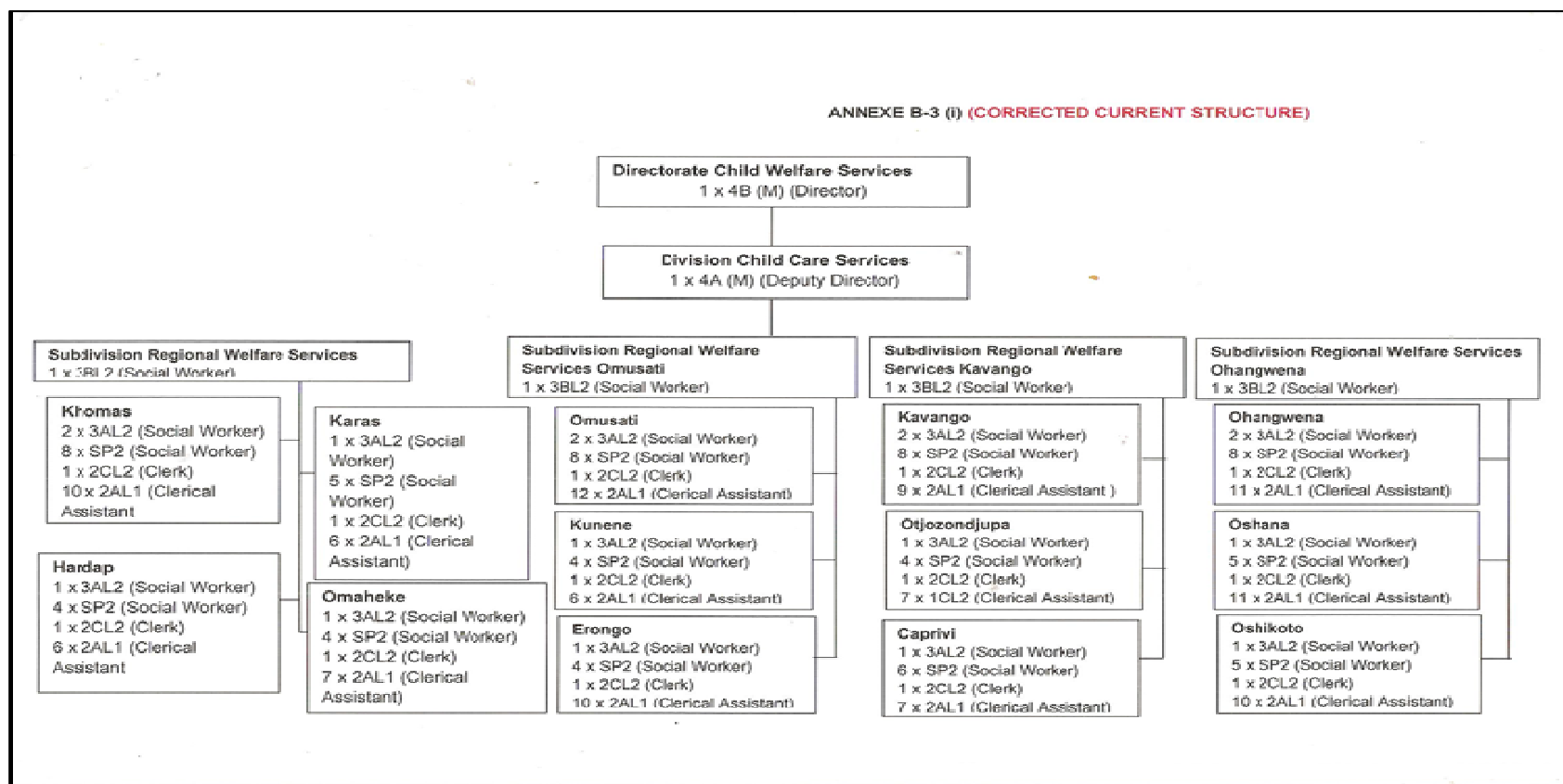
Figure 8: Staff Structure of the Directorate of Child Welfare in the Ministry of Gender Equality and Child Welfare.

Reprinted from, *State Party Report on the African Charter on the Rights and Welfare of the Child* (p. 88). By Ministry of

Gender Equality and Child Welfare (2012).

The Staff Structure of the Directorate of Developmental Social Services in the Ministry of Health and Social Services is presented in **Figure 9** below.

Figure 9: Staff Structure of the Directorate of Developmental Social Services in the Ministry of Health and Social Services.

Reprinted from, *State Party Report on the African Charter on the Rights and Welfare of the Child* (p. 90). By Ministry of Gender Equality and Child Welfare (2012).

Social workers employed by MHSS focus primarily on families, parenting, suicide, substance abuse, older people, and people with disabilities as well as perpetrators of

violence. Services to survivors of child abuse and gender-based violence are the responsibility of Ministry of Gender Equality and Child Welfare (MGECW, 2012).

2.5.2.3 Functions of the law enforcement system - Ministry of Safety and Security (Namibian Police)

Police are often the first and only point of access to the system for child victims of abuse. The police, therefore, play a critical role in ensuring that child victims of violence receive timely justice, in a sensitive manner that avoids their re-victimisation and that perpetrators are held accountable for their actions (Dladla & Gabriels, 2010). Recent reports show that currently police officers do not have the facilities and materials needed to take proper care of children (LAC, 2012; MGEC, 2012). The Namibian Police in the Ministry of Safety and Security is the lead agency responsible for Woman and Child Protection Units in Namibia since their inception during July 1993.

2.5.2.3.1 Roles and responsibilities of the police

The police practice is an integral part of any child justice system. Police have a statutory duty to investigate the circumstances and to report the facts of a case to the court. WACPUs provide children with a key entry point into protection and care services. The Namibian Police prevent and investigate crime, as well as arrest suspected criminals. According to the Namibia National Gender Action Plan (2013), ineffective implementation and inconsistent criminal enforcement remain significant

barriers to protecting Namibian women and children from all forms of gender-based violence (MGECW, 2013). The establishment of specialised police units (Woman and Child Protection Units) present progress towards the protection of vulnerable members of society. The new name of these units is Gender-Based Violence Protection Units.

These police units need to be strengthened in order to carry out their mandated roles effectively (MGECW, 2010). The units essentially provide police protection, offer support to traumatised victims, make referrals for temporary shelter for victims in dire need of protection, counsel, advise and refer victims to other agencies, assist with the arresting and prosecuting of perpetrators, and respond to general enquiries. The police are currently finalising a Child Protection Curriculum integrated into the Police training College Curriculum for basic recruits, promotional training and detective training. Despite the establishment of these specialised police units, children still suffer and experience secondary trauma due to insensitive questioning by police officers who lack training and competence (MGECW, 2012).

According to Dladla and Gabriels (2010), Thuthuzela Centres in South Africa are linked to dedicated sexual offenses courts, and offer victims an integrated basket of services by committed prosecutors, magistrates, police investigation officers, court preparation officers, social workers and health professionals. There are currently 17 such One Stop Centres. All investigations are prosecutor led, and the quality of outcomes for survivors has improved drastically since the inceptions of these centres in terms of the prosecution process and the rate of convictions. Social workers

employed by the Ministry of Safety and Security focus mainly on the social wellbeing of their staff in the Ministry.

2.5.2.4   The health system - Ministry of Health and Social Services

Access to emergency and follow-up medical treatment and care is perhaps one of the most important immediate services needed by children who are victims of violence (Kreston, 2007). Follow-up care, after essential emergency treatment, may define the long term survival of the victim, especially around the outcomes of psychosocial health. Health care provision for children must be comprehensive and integrated (Dladla & Gabriels, 2010). Integrated services that link and refer into and out of the health care system are being promoted to improve the quality and timeliness of care and treatment for children; this includes strengthening the capacity of the health system to support all care and treatment interventions needed (United Republic of Tanzania, 2011). These integrated services form a core component of the Ministry's priority to provide timely and appropriate health services to all children exposed to violence and abuse.

The Ministry of Health and Social Services, specifically the Obstetrics and Gynaecology Department, works closely with the police, prosecutors and other key stakeholders to ensure access to medical care. This Ministry is responsible for the clinical care and medical examination of all survivors of sexual assault and gender-based violence. The division of family health coordinates efforts to deliver adolescent-friendly health services and to reduce teenage pregnancies (MGECW,

2011). The quality of care that children receive, as well as the responsiveness and dignity with which they are treated by health workers, is of paramount importance; however, studies done by LAC (2012) and MGECW (2012) reveal long waiting periods after sexual assault cases had been reported and incomplete sexual offenses kits administered by medical doctors. The social workers employed by this Ministry are responsible for therapeutic and statutory services to perpetrators of abuse. They provide counselling and support to offenders of sexual and gender-based violence.

2.5.2.4.1 The role of health care workers

Clinical management for child survivors of rape includes creating a safe environment, taking the history, preparing the child for examination and doing laboratory testing, together with providing medical treatment and follow-up (UNFPA, 2001). The initial assessment may reveal severe medical complications that need to be treated urgently and for which the child will have to be admitted to hospital (UNFPA, 2001). Health care professionals are also responsible for the following: the assessment of immediate safety, emergency care, medical examination, contributing to enquiries about a survivor and family, referring concerns to the appropriate agency, physical and psychological health care for the abused person, assessment of immediate safety needs, medical examination, medical treatment, HIV/AIDS and pregnancy testing, provision of emergency drugs and adequate recording of medical evidence, giving advice and referring the child to other support services, presenting medical evidence in court, keeping up to date with child protection procedures and prevention services (National Prosecuting Authority

of South Africa, 2002). In rare cases, a child cannot be examined because he or she is highly agitated. Only if the child cannot be calmed down and physical treatment is vital, may the examination be performed with the child under sedation (UNFPA, 2001). However, this is a highly contentious issue and many doctors will not perform an examination without the victim's consent (MGECW, 2009).

2.5.2.5 The justice system - The Ministry of Justice (MoJ)

The Namibian court system is based on an accusatorial system, which means that the process is based on confrontation between two parties (UNESCO, 2001). The same system applies to children. In Namibia, the victim of a sexual offence is usually expected to give evidence in court and be cross-examined, notwithstanding his or her age. The two parties confront each other and their witnesses during the trial. This means that the victim comes face-to-face with the accused, i.e. shares the same courtroom with the accused. It is only in Windhoek that children have access to a closed-circuit television system, though it is not used in all cases involving children. Face- to-face contact with the perpetrator and cross examination of child witnesses can be construed as intimidating for the child witness (UNESCO, 2001; Theron, 2005). It is arguable that greater powers of intervention by a presiding officer can afford victims, especially children, greater means of protection than the present 'hands-off' approach that our adversarial system offers (UNESCO, 2001).

This Ministry operates the court system and appoints magistrates as Commissioners of Child Welfare. Court proceedings involving children are in camera to protect the

identity of the child. The MOJ is crucial to assisting in the finalisation of new or revised legislation affecting families and children (MGECW, 2011). At trial it is the responsibility of magistrates to make sure that no prohibited cross examination takes place, and that cross examination which may be allowed is dealt with strictly in terms of the procedures set forth in the Criminal Procedures Amendment Act, 24 of (Legal Assistance Centre, 2006).

Magistrates should also control the court room in a way that will minimise added trauma to the vulnerable witness (including special measures and arrangements to ensure the survivor is treated with respect and dignity). Magistrates in Namibia act as commissioners of child welfare and preside over all children's court proceedings (MGECW, 2007). Magistrates consider the child's circumstances and need for protection, and orientate the survivor/witness regarding victim support and protection procedures. They must also notify and consult the witness about developments (National Prosecuting Authority of South Africa, 2002). It is their job to make the trial the least stressful possible for the victim. The prosecutor uses his or her own discretion regarding when to make use of the existing child-friendly court facilities. The use of specialised child-friendly court facilities such as the close circuit television and provision of special measures/arrangements also depends on the experience and skills of the specific prosecutor (Theron, 2005).

The Criminal Procedures Amendment Act, 24 of 2003 makes provision for special measures and special arrangements for vulnerable witnesses. In terms of the Criminal Procedure Amendments Act No. 24 of 2003, evidence through intermediaries may be

accepted. This provision is for children under 18 years of age and other vulnerable witnesses. This order is not automatically granted by the court, as the final decision will be left to the discretion of the magistrate (Ministry of Justice, 2003; MGECW, 2007).

Court-related matters that are stressful for children include: multiple interviews and not using developmentally appropriate language; delays and continuations; testifying more than once; lack of communication between professionals; fear of public exposure; lack of understanding of complex legal procedures; face-to-face contact with the defendant; practices that are insensitive to the developmental needs of children; harsh cross-examination; lack of adequate support and victim services; sequestration of witnesses who may be supportive to the child; placement that exposes the child to intimidation; pressure; continued abuse; inadequate preparation for testifying and lack of evidence other than the testimony of the child (Muller & Hollely, 2000; Theron, 2005). Courts have a duty to make the court proceedings less traumatic for minor children (LAC, 2006).

There are no social workers in the employ of the Ministry of Justice. The ministry relies on social workers from the Ministry of Gender Equality to deal with all child welfare matters, children in conflict with the law, vulnerable witnesses and Custody and Control in divorce matters. (MGECW, 2012).

2.5.2.6   Education system - Ministry of Education (MoE)

Burton, Leoschut and Popovac (2011) argue that educational institutions have a unique potential to create a positive environment in which attitudes condoning violence can be changed and non-violent behaviour can be learned. Schools are well-placed to break patterns of violence and to provide skills that enable children to communicate and speak out about the violation of their rights. Schools are inherent parts of the communities in which they are located. Violence in schools mirrors social attitudes that condone violence and also reflects the environment surrounding the school. The MoE has the responsibility to ensure a safe and child-friendly environment in all educational settings. The Ministry employs life skills teachers in all regions to deal with child protection issues such as bullying, suicide and violence against children.

2.5.2.7   Civil society organisations (NGOs, FBOs and CBOs)

Civil society organisations and the international community, such as UNICEF, UNDP, UNFPA and USAID, have made considerable contributions to support government efforts for the care and protection of children (MGECW, 2012). Key to the programme of a national prevention and response plan to end violence against children is the close partnership with Government, NGOs, CBOs and FBOs. To achieve effective outcomes for children, it is important that civil society efforts supplement government priorities and that they work closely with national structures and systems. Civil society has a key role to play in community-based interventions to

strengthen protective factors and reduce societal acceptance of all forms of violence. The civil society organisations provide an essential set of services for children in Namibia. All civil society organisations interviewed work in close collaboration with Government and form part of the Permanent Task Force which meet on a quarterly basis. NGOs, such as Life Line/Child line, also work closely with development partners. These organisations are engaged not just in service delivery, but also in advocacy, analysis of policy and practice and the development of specialist strategies for addressing hard-to-reach groups. Civil society organisations also identify children and households in need, and facilitate holistic, community support. Civil society organisations are effective in advocating policy changes and in holding service providers accountable for the effective implementation of their programmes (MGECW, 2011).

In addition to government efforts to combat gender-based violence, civil society organisations have worked both independently and in partnership with the government on facets of this issue. Development partners have also collaborated with government and civil society on a range of initiatives, including outreach programmes and sensitisation workshops for members of parliament, traditional authorities and the police. Civil society organisations are, for example, the Legal Assistance Centre, Namibian Men for Change, Sister Namibia, Women Solidarity and Women's Action for Development. Sister Namibia and the White Ribbon Campaign have been particularly active in advocacy and training programmes on gender-based violence. The organisations currently working in close collaboration with key government ministries are Child line/Life line, PEACE Centre, Philippi

Trust Namibia, Legal Assistance Centre, Church Alliance for Orphans, Catholic Aids Actions, REPSSI and Friendly Haven. They all form part of the National Child Care and Protection Committee (MGECW, 2012).

The sharing of service space, resources and information by various government departments, non-governmental and donor agencies appears to achieve the intended objectives of reducing the secondary victimisation of survivors of sexual assault. Sharing these resources and information also ensures that limited resources are used most effectively in sexual assault service delivery (Republic of Tanzania, 2013).

2.5.3 Comparative overview of child protection systems in Namibia and service models addressing child protection issues in Kenya, Liberia, Sierra Leone, South Africa and Unite Kingdom.

A number of good child protection practices were analysed as part of the literature review of this study. In summary, some of the models considered, for example, South Africa's Thuthuzela Care Centres and Liberia's Women and Children Sections, can be described as prosecution-led and primarily focused on legislation prohibiting rape and other sexual offenses supported by constitutional and jurisdictional law. The South African government replicates these centres all over the country (The National Prosecuting Authority of South Africa, 2002; Dladla & Gabriels, 2010; MGECW, 2012). Liberia uses these centres as centres of excellence to demonstrate good practice to other providers. Similar to Namibia, the Sierra Leone governmental model (Child Frontiers, 2010; UNICEF, 2010) offers services to a broader range of

clients which include survivors of sexual offenses, domestic and gender-based violence through links with local police partnership. Sierra Leone involves traditional and other opinion leaders and decentralised community organisations due to cost constraints. This is not the case in Namibia (MGECW, 2012). The Kenyan Model (Wessels, Kostelny & Ondoro, 2014) and the UK Client Centre Model (Bromfield & Holzer, 2008; Dupree & Hardy, 2013) are more akin to rape crisis centres, offering a one-stop-centre, with multi-sector services to survivors. Although both these models recognise the importance of criminal investigations and prosecutions, they also emphasise the client's rights to choose and prioritise his or her emotional and health needs. The two centres are financed through various forms of private-public partnerships. The literature reviewed shows that Namibia's Protection Model shares many similarities with that of Sierra Leone. Both are the result of collaboration between the police and child welfare ministries, with a focus on investigation and care (MGECW, 2012.

Literature shows some momentum in sub-Saharan Africa. Sub-national coordination mechanisms built around child protection committees or the equivalent are rolling out in countries such as Benin, Burkina Faso, the Democratic Republic of Kingo, Kenya, Tanzania and Uganda. Human resource gap analyses have been conducted in some countries to inform the strengthening workforce. Evidence, data and information are being collected on a number of thematic areas, such as violence against children. Child protection issues are serving as entry points for broader system strengthening, such as alternative care in Ethiopia, Ghana and Rwanda (African Child Policy Forum, 2013).

2.6   Summary

The chapter comprises four sections. It discussed firstly, the theoretical framework underpinning this study. Secondly, it reviewed child protection systems. Thirdly, it placed focus on the legislative framework regarding the protection of children in Namibia. Finally, it examined the different protection systems in Namibia. These include the Child Welfare System, the Law Enforcement System, the Health System, the Justice System, as well as the Education System.

Kasinga (2012) argues that child victims of any form of neglect, exploitation or abuse are entitled to care and non-discriminatory access to basic social services. These services must be provided in an environment that fosters the health, self-respect and dignity of the child. Elements of the protective environment will overlap. For example, governmental commitment may dictate whether services for victims of abuse are provided or whether investment is made in monitoring mechanisms (Cohen, 2008). Similarly, media attention can be a key factor in influencing attitudes (UNICEF, 2004). Establishing a protective environment for children also involves the scrutiny of the actual practices of those governed by the laws to ensure that children are respected. It, furthermore, involves developing and reviewing national monitoring systems to ensure that they properly cover child protection issues. It also requires that every actor plays his or her part in ensuring a protective environment for children (Higgins & Butler, 2007; UNICEF, 2008).

CHAPTER 3

METHODOLOGY

3.0   Introduction

This chapter includes a review of the philosophical assumptions underpinning this research study as well as the research methodology that includes the research design, population, sample, research instruments, the trustworthiness of the data, procedure, data analyses and research ethics.

The main purpose of this study was to explore the efficacy of the Namibian Child Protection System in responding to violence against children through the experiences of children, parents, key experts and development partners who are supporting the development of the Namibian Child Protection System. A subsequent aim was to provide practical recommendations to key ministries and other role players, as well as to develop a proposed action plan for the strengthening of an Integrated Protection Service Model in Namibia.

This study adopted a phenomenological approach to describe the Integrated Protection Model in Namibia, and utilised qualitative methodology. Semi-structured interviews were conducted with children and parents who had received services, and focus group discussions were implemented with key experts and development partners. Detailed data were collected from the perspective of child survivors of

abuse, as well as from parents of children who went through the system and a wide range of key professionals and development partners directly involved in the Namibian Child Protection System. The fieldwork was conducted at different sites during the period from October to December 2011, and a steady correspondence since then has been maintained with the participants and respective ministries. The main data collection instruments used were in-depth, face-to-face semi-structured interviews and focus group discussions. These instruments produced rich data, as participants disclosed highly contextualised information which enabled the researcher to explore participants' responses in depth.

This chapter is divided into three sections. Firstly, the philosophical assumptions, namely the qualitative, contextual stance and the phenomenological approach, are examined. The next section focuses on the research strategy which describes the research approach. Finally, section Three deals with the research design; it also covers the population, sample, research instruments, criteria and strategies for trustworthiness, procedure, data analyses and a brief summary of the research ethics.

3.1   Research design

The researcher desired to explore the experiences of children and parents who were involved with the Child Protection System, as well as the opinions and experiences of practitioners and key experts directly involved in the system. It has been emphasised that "researchers who desire to explore the meaning, describe and promote understanding of human experiences such as trauma, pain, grief, hope or

caring, or unfamiliar phenomena" typically use qualitative research designs (Van Der Walt & Van Rensburg, 2006, p.113). For the purpose of this study a qualitative, contextual design and phenomenological approach were used throughout the research process. These terms will be discussed below in more detail.

3.1.1 Phenomenological approach

The phenomenological approach in this study allowed the participants, through in-depth, face-to-face semi-structured interviews and focus group discussions, to express their own experiences in the Namibian Child Protection System (Van Der Walt & Van Rensburg, 2006; De Vos, 2007; Mamabolo, 2009; Handbook of Phenomenological Aesthetics, 2010).

The phenomenological approach were used to analyse the conversations and interactions that the researcher had had with children, parents, key experts and development partners in the child protection system. This study attempted to understand the participants' perceptions and perspectives regarding the response of the Namibian Child Protection System to violence against children (De Vos, 2007; Meriam, 2009). This approach allowed the direct exploration of the phenomenon as consciously experienced and narrated by those who lived it. The researcher eventually reduced the experiences to a central meaning to capture the essence of the experience of the participants.

3.1.2   Qualitative research design

For the purpose of this study, the qualitative design (Gorman & Clayton, 2005; Padgett, 2008) was applied in order to explore the experiences of children, parents, key experts and development partners in the Namibian Child Protection System. The qualitative methods of gaining access to research participants were in-depth, face-to-face semi-structured interviews, focus group discussions and a review of existing literature. The qualitative design rested on the assumption that a valid, holistic understanding of the Namibian Child Protection System could be gained through accumulated knowledge that was acquired, first-hand, by the researcher alone. The researcher could tell the story from the point of view of the participants rather than as an expert who passed judgment on them (Williams, 2005; De Vos, 2007).

The point of this study, was to explore relevant aspects in much depth and detail, and from such multiple perspectives and meanings, that there was less need to worry about whether one particular measure was really measuring what it was intended to measure (Rubin & Babbie, 2011). The qualitative design was used to emphasise the respondents' point of view of the Namibian Child Protection System as experienced by them. The researcher attempted to describe and understand rather than to explain and predict the system.

3.2   Population

The population in this study comprised children and parents of children who had received services in the child protection system, together with key experts working in the field of child protection and development partners supporting child protection services (Strydom & Delport, 2007).

In this study, the unit of analysis (Babbie, 2011) comprised the beneficiaries of the child protection system. They were children and parents of children who received services in the child protection system, key experts and service providers in Windhoek, working in key government ministries, and NGO's, as well as development partners supporting child protection work in Namibia.

3.3   Sample and sampling

Strydom and Delport (2007) define a sample as "the small portion of the total set of objects, events or persons that together comprise the subject or study" (p. 327). A sample is also described as "the what or whom" being studied. The researcher understands sampling as a process of selecting the "best-fitting" people to provide data for a study. In this study, the researcher used non-probability, purposive sampling methods to select the participants. Purposive sampling was suitable in the sense that the researcher would be able to select the most eligible participants for the study (Welman, Kruger & Mitchell, 2007).

The researcher selected her sample on the basis of her own knowledge of the population; this is also called judgemental sampling. The researcher handpicked key Ministries and key NGOs all based in Windhoek that, in her judgement, represented the range of persons who best would know the needs of the target group (Rubin & Babbie, 2011). Purposive sampling and non-probability sampling strategies were applied in this study because it purposely sought potential research participants on the basis of the researcher's judgement about which ones would be most useful or representative (Williams, et al., 2005; Rubin & Babbie, 2011; Babbie, 2011).

3.3.1   Sample size

Six (6) children who received services at the Woman and Child Protection Unit (police, social workers, medical doctors and court officials) and four (4) parents of the children who went through the system, but found it hard to talk about their traumatic experiences were identified from the caseloads of the social workers attached to the Woman and Child Protection Unit in Windhoek (now the Gender-Based Violence Protection Unit). The children came from different backgrounds, from different schools and were all different age groups. The only thing in common was that they were all sexually molested and charges were laid against their perpetrators. Some of the perpetrators were known to the children, others were strangers.

The social workers at WACPU identified children who had already been receiving therapeutic services for more than 6 sessions and who were willing and emotionally

ready to participate in the study. The researcher received a list of the identified children with all the contact details of their parents. A meeting was convened at the Woman and Child Protection Unit. The researcher was introduced to the identified children and their parents by the social worker/case manager responsible for the case. The researcher is a social worker with more than 20 years' experience in trauma counselling. She used her skills to assess the emotional readiness of the children during the initial preparation stage long before the data collection. The researcher used Play Therapy techniques and games in separate individual sessions to build rapport with the children. The purpose of the study was explained and ethical issues such as voluntary participation, consent and confidentiality were discussed. The researcher emphasised to participants that the interview might trigger emotions and explained to participants that they were not obliged to participate if the discussion still triggered strong emotions and they still found it difficult to talk about the traumatic event. The children were interviewed in the presence of their parents or guardian. The researcher asked the children individually to tell briefly what had happened to determine if they could talk with minimal emotional distress about their traumatic experience in the system. In cases where the children showed hesitance, any form of discomfort or became very emotional they were debriefed and their parents were requested to participate. The 4 parents interviewed were not related to the 6 children who participated in the study. The researcher also gaged the views of the parents whether the participation would further traumatise the children. The researcher deliberately sampled older children with more verbal capabilities and who could speak English to participate since the interviews were done in English.

A total of eleven **(11)** professionals based in Windhoek, who were nationally responsible for child protection programmes were selected from key ministries such as Safety and Security (2 police officers), Gender Equality and Child Welfare (3 social workers attached to the Woman and Child Protection Unit in Windhoek), Justice (1 prosecutor and 1 magistrate), Health and Social Services (1 medical doctor and 1 medical social worker), and Education (2 school counsellors). The researcher requested Ministries through the offices of the Permanent Secretaries to nominate their focal persons who were dealing directly with child protection on national level.

Five **(5)** focal persons from NGO's in Windhoek, such as Child line/Life Line (1), Philippi Trust Namibia (1), PEACE Centre (1) and Legal Assistance Centre (1), Friendly Haven Shelter (1) formed part of the sample.

Five **(5)** focal persons, one from each of the following development partners in Windhoek: UNICEF, UNDP, UNFPA, PACT Namibia and USAID, formed part of the sample. The total sample was **31** participants.

3.4   Research instruments

The primary data gathering mechanism used in this study was systematic, one-on-one, in depth, face-to-face, semi-structured interviews (Babbie & Mouton, 2001; Williams, et al., 2005) for children and parents and for key experts from different disciplines. Delport and Fouche (2007) state that semi-structured interviews are

organised around areas of particular interest, while, at the same time, they allow sufficient flexibility to explore participants' responses in depth.

The qualitative interviewing schedule which was employed was open-ended and semi-structured. The interview guide that was used listed an outline of the topics and issues that the interviewer wanted to cover in the interview, but it also allowed the researcher to adapt the sequencing and wording of questions to each particular interview (Rubin & Babbie, 2011).

The additional data gathering mechanisms used in this study were focus group discussions and a review of literature and existing documents. Babbie (2011) explains that a focus group discussion is when a group of subjects are interviewed together, prompting a discussion. Focus group discussions refer to a relatively speedy and inexpensive qualitative research method often used for needs assessment or for collecting other forms of programme evaluation data (Rubin & Babbie, 2011). Delport and Fouche (2007) define focus group discussion as a carefully planned discussion designed to obtain perceptions on a defined area of interest in a non-threatening environment. Focus group discussions are a means of better understanding how people feel or think about an issue or service (Delport & Fouche, 2007). Two focus group discussions were conducted with staff members from non-governmental organisations (Child line/Life Line, Friendly Haven Shelter, PEACE Centre, Legal Assistance Centre and Philippi Trust Namibia) and staff members employed by development partners (UNICEF, UNDP, UNAIDS, PACT Namibia and UNFPA). These discussions were inexpensive, they generated speedy results and

offered flexibility for probing. The group dynamics brought aspects of the topic that might not have emerged from the individual interviews (Rubin & Babbie, 2011). The researcher created a tolerant environment in the focus groups that encouraged participants to share perceptions, points of view, experiences, wishes and concerns, without feeling pressurised to reach consensus.

The researcher had flexibility to specify the venues for the interviews and focus group discussions, the approximate time each lasted and to what degree the content was guided by the interview schedule. The researcher also aimed for a specific time frame within which all the interviews were conducted and audio recorded. The researcher considered what dilemmas she might encounter while collecting the data and thought of possible ways to resolve them (Williams, et al., 2005). The data collection process entailed the selection of subjects and gathering of information from the participants in order to achieve the research objectives (Mabolo, 2009).

"Audio recording is the most reliable way to record interview data," according to Williams, et al. (2005, p. 221). It gives the research participants' verbatim answers. The tone, pace and atmosphere of the interview were recalled by simply replaying the tape. The researcher audio-taped all the face-to-face, semi-structured interviews and focus group discussions, and transcribed them verbatim to prepare data for analysis. These transcriptions provided the text data. Responses were transcribed from the audio recordings and a traditional cut-and-paste method was used. It is important to capture the emotional context of the interviews as far as possible in the transcript. "Non-verbal communication such as pauses, laughing, crying or voice

tone was included in brackets in the field notes" (Williams, et al., 2005, p. 275). The researcher also made field notes of all her observations during the interviews and focus group discussions. "Note taking includes the researcher's empirical observations and the researcher's interpretations of them" (Rubin & Babbie, 2011, p. 475). The semi-structured interview schedules are attached as Appendix 1 to 2. The interview guide for the focus group discussions are attached as Appendices 3 and 4.

3.4.1   Pilot testing

Pilot testing is defined as a small-scale study conducted prior to the main study on a limited number of subjects from the population at hand. Its purpose is to investigate the feasibility of the proposed study and to detect possible flaws in data collection instruments (Van Der Walt & Van Rensburg, 2006). The pilot testing was done with three (3) colleagues of the researcher who were all social workers by profession and employed by the Ministry of Gender Equality and Child Welfare at National Level. They had vast experience in child protection. Three (3) children from the caseload of the researcher who did not participate in the study were also involved in the pilot testing. The objective of the pilot testing was to establish the understanding and clarity of the questions and to assess the sensitivity of the semi-structured interview guide. Comments from professionals were incorporated into the final interview guide and modifications were made where necessary. The idea to audio record the interviews and the venues of the focus group discussions were also discussed. No modifications were deemed necessary. This pilot study assisted the researcher in determining the feasibility of the study in terms of time and sensitivity. The

researcher could also familiarise herself with the data collection method (Gerish & Lacey, 2010; Houser, 2011).

3.5 Procedure

Data were collected from 7 October 2011 until 2 December 2011 by means of in-depth, face to face, semi-structured interviews and two focus group discussions. The focus group discussion with NGO's took place on 7 October 2011 at the Philippi Trust Boardroom in Windhoek. The focus group discussion with development partners took place on 14 October 2011 at the UNICEF Boardroom in Windhoek. Key informants from different key Ministries were interviewed at their respective workplaces. Children and parents were interviewed at different private venues as was convenient to them. The data collection process included the preparation of the field, which will now be discussed.

3.5.1 Preparation of the research field

De Vos, Strydom, Fouche and Delport (2007) argue that when preparation for the data collection is properly done, pertinent information about the research field can be obtained, and this information will provide the researcher with confidence and guidance to manage the research field and approach the participants. The researcher went beforehand to the WACPU to meet with the three (3) social workers to identify possible participants for the study. She explained the purpose and objectives of the study and that participants should be able to express their experiences with minimum

emotional distress to prevent secondary dramatisation. A list of children and parents who were involved in the system was selected from the Woman and Child Protection Unit's case loads. The parents of these children were contacted telephonically to meet with the researcher.

After the pilot study, the researcher met with the identified children and parents individually at the Woman and Child Protection Unit and was introduced to the participants by the social workers dealing with the specific cases. The meeting was arranged to establish rapport and mutual trust between the researcher and participants. The purpose and objectives of the study were explained to the participants (Rubin & Babbie, 2011, p. 457 - 462). The roles between the social workers and the researcher were explained for participants to have clarity. Individual appointments were made with the children and parents at private venues most suitable to them. The researcher requested parents and children to choose a private venue where they would feel comfortable to talk about their experiences and with little effort and financial costs involved. Some of the parents agreed to meet with the researcher at the Woman and Child Protection Unit because the children used to go there, some parents and children preferred their residences, while other parents suggested a coffee shop where it was quiet with adequate privacy. Other parents preferred to be interviewed at their respective workplaces

The researcher prepared written requests to key Ministries (MHSS, MOJ, MSS and MGECW) to release the focal persons identified by the respective Ministries responsible for child protection to participate in the study. Letters were hand-

delivered to the offices of the Permanent Secretaries of the Ministries to permit the focal person/s mentioned in the request letters to participate in the study. The key experts were selected based on their unique knowledge, expertise and involvement in child protection at national level. Individual appointments were made with these focal persons after approval was granted and initial contact was made to establish rapport with the participants. The purpose and objectives of the study were explained, and a possible date and venue for the interview were discussed.

The researcher informed the NGO's and Development Partners during a Child Protection Collaborative workshop of the study and hand-delivered invitations to participate in the study. Initial contact was established at this meeting. A date and time were set for the focus group discussion after confirmations were received. Participants were informed via email about the date, time and venue.

3.5.2   Preparation of the venues

The researcher requested in writing the use of the Philippi Trust Boardroom and the UNICEF Boardroom for the 2 focus group discussions. The venues were booked and the participants were informed telephonically and via email about the date, time and venue of the focus group discussions. The researcher also prepared refreshments and the audio recorder. Key informants were interviewed at their respective work places, thus minimum preparation was needed. Children and parents chose private venues most suitable to them.

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3.5.3   Timing and invitation for interview

Children and parents were given the choice to decide on the date and time convenient for them to be interviewed. Children of school-going age were interviewed in the afternoons, and some of the parents preferred to be interviewed in the evenings after work. Interviews were conducted individually at private venues convenient to them.

Two (2) possible dates for interviews were given to staff members of NGO's and development partners via emails, and the date most suitable for the majority was chosen. All participants were informed about the date, time and venue well in advance. Focus group discussion for NGO's took place on 7 October 2011 at the Philippi Trust Boardroom. The focus group discussion of the Development partners took place at the UNICEF boardroom on 14 October 2011. Key informants from different Ministries could choose a date between 8 and 14 October 2011 depending on their availability. Most of them were interviewed at their workplaces.

3.5.4   Conducting interviews

De Vos, et al., (2007) state that semi-structured interviews are interviews which are organised around areas of particular interest; thus, allowing sufficient flexibility to explore participants' responses in depth. In this study a semi-structured interview schedule was developed and administered after the signing of the consent letters. One interview session was conducted without utilising any of the researcher's prior information, experience or opinion in a particular area to prevent bias. The researcher

did not use her experience of the system to influence the views and perceptions of the participants and remained objective throughout the discussion. What was important was that the information gathered should be understood from the participants' perspective. In-depth, face-to-face interviews were conducted with children, parents and key informants from different disciplines. Semi-structured interviews with children and their parents afforded a degree of self-disclosure and closeness. Participants' teary-eyed stories and anger towards service providers required the researcher's ability to maintain her equilibrium. Semi-structured interviewing was used to have research participants tell stories in their own words. The researcher was not bound by strict rules and procedures. The researcher made every effort to engage research participants in meaningful discussions (William, et al., 2005). The advantage was genuine interest expressed in the interviews because the researcher was always the same person. The major disadvantage associated with semi-structured interviewing was that it was time consuming. Considerable time was allotted for producing transcripts of the data and it was difficult to conduct an analysis because it produced reams and reams of text (Williams, at el., 2005). The duration of the interviews was based on the satisfaction of the researcher and the participants. In-depth, face-to-face interviews with children and parents separately took place in private settings conducive to trust and candour. This required careful preparation. The interview guide revealed the study's key domains. The researcher deliberately sampled older children with more verbal capabilities and who could speak English to participate. Expert interviews targeted highly regarded practitioners and service providers. These adults added a top-down perspective to the study. Interviews with these practitioners required special planning and foresight because they were busy

professionals with little time. Questions were tailored to ensure maximum use of time and drew on the unique perspective of the interviewee.

3.5.5   Conducting focus group discussions

The focus group discussions were useful because they drew on the synergy between members. The size of a focus group was large enough to generate a diversity of opinions but small enough to permit everyone to share in the discussion, but size could range anywhere from 3 to 15 (Morgan, 1997, in Padgett, 2008). Two (2) focus group discussions were held with 5 practitioners from NGO's and 5 staff members from development partners. These discussions were also audio-taped with the permission of the participants, and transcripts were made. The researcher created a tolerant environment that encouraged participants to share perceptions, wishes and concerns (De Vos, et al., 2007).

All interviews were conducted in English. The following measures were considered to ensure that the interviews were successful:

- Self-introduction of the researcher to the participant;
- The purpose of the research study and research procedure were explained to the participants so they could make informed decisions to participate voluntarily;
- Written consent of the participants was required from all participants; consent from parents for minor participants;

- A suitable place to conduct one-on-one, in-depth interviews was identified;

- Permission was sought from the participants in order to use an audio recorder;

- Notes taken were read to the participant for quality verification;

- A central question was posed to all the participants and probing would be done until the saturation of the data to be collected was reached.

Prior to the focus group discussions, participants were informed that:

- The researcher valued their time and effort to participate in the study;

- The objectives of the study were explained;

- All participants were told of their right to withdraw at any point in time;

- All participants agreed and were requested to sign a consent form;

- All participants could ask for repetition of the question if needed;

- After the focus group discussions the researcher provided opportunity for participants to ask questions and to interact with the researcher while having refreshments;

- A set time was provided to identify if there were any misunderstandings

3.5.6   Field notes

Field notes of the researcher's impressions were jotted down after the individual interviews. Field notes during the interviews were limited to avoid interrupting the interview session (Rubbin & Babbie, 2011; Yin, 2010). These notes were read back to participants to make sure they were well understood.

3.5.7   Audio recording and transcriptions

All interviews were recorded using an audio recorder, with the prior permission of the participants (De Vos, et al., 2007) and this allowed a much fuller record of what was said during the interviews. Transcriptions were made in English for analysis purposes.

3.5.8   Review of existing documents

The study of recorded human communications, such as books, websites and laws (Babbie, 2011) was done to gain a better understanding of child protection systems and to compare Namibia's system with that of other countries. The researcher also reviewed existing documents, such as existing legislation, research reports, evaluation reports, reports by international organisations, such as UNICEF, WHO, World Vision and Child Frontiers and previous studies on the subject, to gain a better understanding of child protection systems and to compare Namibia's services with those of other countries.

3.6   Data analysis

Data analysis refers to "the reduction and display of data and the conclusion drawing and verification thereof" (Gorman & Clayton, 2005, p. 205). In a simple way, data analysis can be defined as "the search for the meaning in relation to the research purpose or question" (Stephens, 2009, p. 98). De Vos (2007) states that data analysis is the process of bringing order, structure and meaning to the mass of collected data; qualitative data analysis is a search for general statements about relationships among categories of data. The researcher converted the recorded data into transcripts. The researcher further generated categories and sub-categories related to the central research objectives, and linked units of information with a specific participant. The use of a table assisted the researcher in identifying descriptions, characteristics and comparisons as inferred from the data collected.

The data gathered from different target populations were analysed and are discussed in Chapter 4. The methods and techniques of data analysis were open-coding as per Tesch's (1990) provisions.

Data of the spoken words that were obtained during in-depth, face-to-face interviews by audio recording and field notes were transcribed. The researcher carefully listened to the audio-recordings, read the field notes and compared them to the transcripts to ensure that the participants' verbatim transcriptions of exact words were recorded. Furthermore, the researcher repeatedly listened to, and read through the recordings, and familiarised herself with the contents of the interviews. The researcher worked

on a soft copy where words and phrases that were used to give meaning to certain feelings and behaviour and/or concepts were categorised into sub-categories as per the interview schedule. The sub-categories were clustered to form categorised themes will be discussed in Chapter Four.

The primary purpose of this qualitative data analysis was to sift and sort the masses of words collected from the research participants in order to derive categories related to the research question to identify the similarities and differences presented by individuals and the possible links between them (William, et al., 2005). It is important in analysis not to look at just the response but also at the emotional atmosphere surrounding the response and the question that was responded to. The analysis was "a back-and-forth sort of process in order to produce rich and meaningful findings. It involved many re-readings and re-workings as new insight appeared" (William, et al., 2005, p. 274). The analyses included interpretation and theory building, as well as assessing the trustworthiness of the results (Padgett, 2008).

There are two levels of coding. The first level deals with the concrete ideas evident in the transcript, and the second level looks for and interprets the more abstract meanings underlying these concrete ideas (Williams, et al, 2005, p.277) Both levels of coding were used in this study. The researcher identified meaning units which are pieces of data, which one can consider meaningful by itself; secondly, the researcher created sub-categories to consider which of the meaning units fitted together into categories.

The researcher generated categories, and subcategories related to the central research objectives and made provision for the linking of units of information with a participant. The matrix was used to assist the researcher in identifying descriptions, characteristics and comparisons as inferred by data collected. Steps that were followed are:

- Collecting and recording of data;

- Managing audio and written data;

- Reading and memo-writing;

- Describing;

- Classifying;

- Interpreting;

- Representing and visualising (De Vos, et al., 2007).

It was possible for the researcher to identify categories and subcategories, trends and relationships from the literature reviewed. The researcher used the interview schedule and the key elements for an effective integrated child protection manual as described in sources consulted, and linked them with key concerns mentioned by participants to develop and identify categories and subcategories.

3.7   Research ethics

Conducting research is guided by ethics that are associated with the provision of a safe environment and protection of participants, as well as provision of mechanisms

for ensuring accountability and responsibility by the researcher. Ethics is typically associated with morality, and both deal with matters of right and wrong (Babbie, 2011). Ethical guidelines serve as standards and as the basis on which each researcher ought to evaluate his or her own conduct (Strydom, 2007). Punch (2005) emphasises the importance of observing ethical issues by saying that "while all social research intrudes to some extent into people's lives, qualitative research often intrudes more" (p. 26). "Some qualitative researchers deal with the most sensitive, intimate and innermost matters in people's lives" (Punch, 2005, p. 28). Various codes of ethics have been put in place to avoid the violation of human rights during this study (Klenke, 2008; Streubert & Carpenter, 2011). Three major influences on the way the research was conducted were the researcher's own ethical principles, previous experience and institutional ethics requirements (Powell, et al., 2011). The researcher used a self-critical, reflective stance to guard against the influence of personal biases and preconceptions throughout the process in order to avoid bias in the interpretation and presentation of data collected. The researcher avoided interference in any manner that might jeopardise the integrity of the data and the study as a whole.

The researcher complied with a number of ethical considerations as indicated below.

3.7.1   Permission

The research proposal was submitted to the University of Namibia's Postgraduate Graduate Studies Committee and approval was granted to conduct the study.

Permission was also sought from the Ministries of Health and Social Services, Ministry of Justice and, specifically, the Office of The Prosecutor General, Ministry of Safety and Security, specifically the Office of the Inspector General. Permission was also requested and granted by the parents of all the children who participated. Managers of the facilities used for the focus group discussions gave permission for the utilisation of the venues. Heads of the NGO's and development agencies gave permission for staff members to participate, some telephonically and others in writing.

3.7.2   Informed consent

A fundamental ethical guideline concerns informed, voluntary consent. It is important to obtain a person's informed consent before the researcher involves him or her in a research study. The key word is "informed". The participant must understand what is going to happen during the study, why it is going to happen, how long it will take and what the risks and benefits will be for him or her before he or she can consent. Consent letters should be short and concise and in a language that the participant will understand. The aim, objectives, nature and future use of the findings were communicated to participants. That helped them to make informed decisions to participate voluntarily as they knew that they could withdraw at any time. Written consent was a prerequisite.

The consent of adult caregivers for the participation of children in their care should always be sought. This was ensured in advance, and re-negotiated throughout the

research process as participants were free at any time to discontinue their participation without further justification (Powell, 2011). Children were seen as a vulnerable group because of their age; therefore, their parents or caregivers were requested to consent on their behalf. In this study several gatekeepers and door-openers (parents and caregivers) were involved to obtain the consent for child participants. The semi-structured interview schedule was discussed with participants to ensure that the questions were not harmful or difficult for their children (Powell, 2011).

All participants in this study were fully aware that they were participating in a study, and were informed of the purpose of the study and its possible consequences. All participants gave written consent to participate in this study (Rubin & Babbie, 2011). During an introductory meeting, the purpose and objectives of the meeting were explained to the participants. The researcher introduced herself and informed the participants that the study was for academic purposes. The researcher designed a consent form (Appendix 11), as a means to document their wish to participate. The researcher again made sure that participants had a full understanding of the purpose and objectives of the study before interviews were conducted; the right to participate voluntarily and the right to withdraw at any stage of the research process were again explained.

The vast majority of qualitative research involves active, face-to-face engagement; therefore, informed consent is an "ongoing and negotiated" process (Waldrop, 2004; Padgett, 2008). It is also necessary to obtain explicit consent to audiotape the

interviews. Special precautions are needed for studies involving members of vulnerable populations (Padgett, 2008).

Participation in social research must be voluntary. No one should be forced to participate. Babbie (2011) states that this norm of voluntary participation goes directly against several scientific norms since the scientific goal of generalising is threatened if experimental subjects or survey respondents all belong to the kind of people who willingly participate in such things.

3.7.3   Confidentiality, privacy and anonymity

Ensuring confidentiality is another fundamental research ethical tenet, which was observed in various ways during this research process and will also be adhered to when results are disseminated. Privacy considerations in research include both the need to have a safe, private, physical location in which the research can take place, and to ensure participants' privacy through confidentiality. The researcher ensured that the place where the interview took place was private and child friendly. Confidentiality and privacy are imperative in research with children who have experienced abuse and violence, in order to protect them from stigma and/or reprisals from an abusive parent or adult (Baker, 2005).

Priority must always be given to *confidentiality and anonymity*, and efforts are needed to ensure that there is no expectation from authorities regarding access to data that can be traced back to the research participant. Because the researcher knows the

identity of the research participants, taking special steps to protect their privacy is crucial (Babbie, 2011).

No photographs or video material were taken. All notes and records were filed in lever-arched files and securely stored in lockable cabinets in the office of the researcher where they cannot be accessed by unauthorised individuals. Transcriptions of interviews were done according to numbers to conceal the identities of participants.

Powell, et al. (2011) are of the opinion that the key ethical issues are informed consent, protection of children, anonymity and confidentiality. Confidentiality, anonymity and privacy revolve around protecting the research participants' identity and personality. Confidentiality entails keeping the gathered information in strict concealment. Anonymity involves protection of the identity of the participants. Qualitative researchers cannot offer the anonymity or safety in numbers that quantitative researchers can. They must, however, provide virtually ironclad guarantees of confidentiality. Every effort should be made to ensure that the identities of participants are never revealed or linked to the information they provide without their permission. Confidentiality issues should be fully discussed with participants (Williams, et al, 2005). Anonymity is when the researcher and the people who read the research report cannot identify a given response with a given participant.

A research project guarantees confidentiality when the researcher can identify a given person's responses but essentially promises not to do so publicly. The researcher made the fact clear to participants that the research project was confidential rather than anonymous. Confidentiality refers to the situation in which the researcher promises to keep information about subject private (Babie, 2011). Information gathered was treated as confidential and was only used for purposes of this study, with no mentioning of names and other identifying details. Confidentiality of written or recorded material was maintained in creating, storing, accessing, transferring and disposing of records under control and, lastly, by making only the outcome of the study available to key ministries and organisations (Babbie & Mouton, 2001).

Privacy and confidentiality were assured. It was agreed with participants that the conversation of in-depth, face-to-face interviews would not be shared with others.

3.7.4   Right to protection from exploitation and harm

Participants must not be harmed or exploited through taking part in research (Ennew & Plateau, 2004). Researchers have an ethical obligation when it comes to avoiding harm. Participants need to be protected from exploitation of all kinds. According to Pilot and Beck (2009), participants should not be subjected to adverse treatment during and after the research. The researcher was very aware not to cause discomfort, distress or even re-traumatisation to the child participants and parents, and beforehand put safeguards such as counselling and debriefing in place.

Human research should never injure the people being studied, regardless of whether they volunteer for the study or not. Because subjects can be harmed psychologically in the course of a social research study, the researcher must look for the subtlest dangers and guard against them (Rubin & Babbie, 2011) Increasingly, the ethical norms of voluntary participation and no harm to participants have become formalised in the concept of informed consent. This norm means that subjects must base their voluntary participation in research projects on a full understanding of the possible risks involved (Babbie, 2011).

Common sense dictates that sensitive topics should be inquired about carefully and empathetically, and extremely sensitive topics and emotion-laden topics such as sexual abuse should be broached with the greatest care. The researcher made advance arrangements for referrals to professional counselling and debriefing after the interviews. Social workers were informed after the interviews if emotional responses occurred and whether participants need assistance. Possible referrals were discussed beforehand with the social workers responsible and measures put in place for debriefing (Padgett, 2008).

The researcher implemented specific measures to minimise discomfort and to prevent re-traumatisation, such as referrals to child protection services and engaging parents to support their children. The researcher was sensitive to ethical issues in the following ways: all damaging effects on the individual were prevented and the emotional well-being of the children and their parents was ensured through the availability and use of counselling and after care services.

The researcher needed to secure the well-being of the research participants by protecting them from discomfort and harm (Van Der Walt & Van Rensburg, 2006). The researcher made sure that the participants were monitored throughout the process of group discussion and one-on-one interviews. However, there was no sign of discomfort to any participant. Thus, no participants withdrew from the interview. The researcher, as a trained social worker, provided a supportive, sensitive environment during one-on-one interviews with children and parents to minimise the trauma while telling their stories. Abusive parents were excluded from interviews.

Research initiatives should ensure that participants do not experience additional risks of violence as a result of the study. Research involving children and vulnerable groups underline the need to balance the right to participation and the right to protection (Backe-Hansen, 2011). Children have knowledge of their situation and their experiences and this can be used in research studies as long as age appropriate and "child-friendly" methods are used (Kjorholt, 2004). Beazley, et al. (2009) state that younger and older children need different methodological approaches and that they respond differently to participation in research. Kjorholt (2004) emphasises the importance to be sensitive to the uniqueness of the individual person. In the particular situation and environment, this means acknowledging not only the spoken words but trying to grasp emotional dimensions and nuances and being aware of what is left unspoken and is silenced. (It is important to avoid questions that might re-actualise past traumas). As the recollection of painful memories might trigger considerable anguish, it is vital that the researcher establishes in advance a system for support and back-up. Appropriately trained staff should or could fulfill this role.

The researcher secured the well-being of the participants by protecting them from discomfort and harm (Van der Walt & Van Rensburg, 2006). The researcher monitored the participants for any signs of discomfort or distress throughout the interviews. She guarded against unpleasant or damaging effects on the individual and ensured the emotional well-being of the participants through the referral for counselling and after-care services. The extent and nature of the researcher's role were clarified from the onset to avoid unrealistic expectations from participants. Participants were encouraged to indicate any discomfort or unwillingness to answer a specific question. Participants were allowed to indicate what information about themselves they wanted to share with the researcher and what they did not want to share.

3.7.5   Self-determination

This refers to the right to make individual decisions (Polit & Back, 2009). All adult participants were treated as autonomous beings who had the capability to manage their own lives and make their own decisions independently. They were given the right to participate voluntarily. They could also withdraw from the study at any stage without penalty or prejudice.

When clients are used as a data source, client self-determination takes precedence over research activity. Clients have the right to refuse participation in the research study and cannot be denied services because they are unwilling to participate (Williams, et al., 2005).

Individuals are autonomous, which means that they have the right to self-determination (Van Der Walt & Van Rensburg, 2006) and they are able to control their own lives (Burns & Grove, 2005). In this case, child participants were not able to control their lives without support from their parents/caregivers. Therefore, the participation was voluntary, and informed consent was requested from the participants and additional informed consent sought from their parents.

3.7.6 Obtaining and maintaining rapport

Once all the formal permission letters have been obtained, the rapport process takes centre stage and should continue until the study is over. Rapport refers to the sense of respect, trust and positive regard between the researcher and the study participants that enhances openness in information sharing. Rapport also refers to maintaining good relations with study sites and their representatives (Padgett, 2008).

Three central research ethical principles for research on or with children are respect, beneficence and justice. These are fundamental ethical measures relating to the protection of the rights of the participants (Van Der Walt & Van Rensburg, 2006).

3.7.7 Respect

Respect for a person is often manifested in terms of respect for a person's autonomy – something to be protected with a view to the person's future. Data gathered during the study were not linked to the name of a specific participant. The researcher used

numbers to identify participants. The participant's dignity must also be respected. All participants in this research were treated fairly, and their dignity and self-worth were well respected (Backe-Hansen, 2011).

3.7.8   Beneficence

According to Powell (2011), balancing risks and benefits is one of the fundamental principles in research ethics. Beneficence or doing well, on the part of the researcher, takes as a requirement that the research should result in 'good things' for the participants, either directly or indirectly. Several arguments are that participation in social research is beneficial because it creates a possibility for participants to have their say about something which matters to them. In this study some participants expressed their wish to help others in similar situations. Other good consequences can take many forms such as the implementation of the research recommendations, the opportunity to speak about painful experiences and difficulties and opportunity to be listened to. The researcher arranged beforehand for counselling and debriefing after the interview. The researcher also referred children who did not benefit from the child witness support programme to be prepared for court proceedings, and gave contact information of identified professionals that participants could talk to if participation created discomfort in any way.

3.7.9   Justice

This measure is related to the participants' right to fair selection and treatment (Van Der Walt & Van Rensburg, 2006). There are different views on whether children should be involved as subjects, participants or researchers. Based on a child rights approached anchored in the UN Convention on the Rights of the Child, Ennew argues that children have the right to be properly researched (2009). Children, with valuable knowledge, views and the ability to communicate, need to be taken seriously as participants in the research process. In this study, the researcher with the help of social workers at the Woman and Child Protection Unit in Windhoek identified children who were old enough (15 – 18 years old) with the ability to express their experiences. Parents of children who were involved with the system were identified on the basis of their willingness and emotional readiness to participate.

3.7.10   Power balance

The researcher should be aware of the implications of the power differences between the researcher and the participant, especially when the participants are children. The researcher spent much time with children to build rapport. She also allowed them to ask questions before the interview.

After data analysis, the researcher assessed the trustworthiness of the study's findings. The criteria and strategies of trustworthiness in this study will be discussed next.

3.8   Trustworthiness

Qualitative researchers are frequently criticised by empirical researchers under the pretext that qualitative findings cannot be controlled (Creswell, 2003; Alugodhi, 2010). According to Streubert and Carpenter (2003), trustworthiness is defined as a "process to establish validity and reliability of qualitative research" (p. 364). They continue by saying that quality research is trustworthy when it "actually presents the experience of the study participants" (p. 318). Trustworthiness also means being honest and checking the soundness of the data and having the processes open for inspection (Gillham, 2000). The research demonstrates trustworthiness when experiences of the participants are accurately represented (Streubert & Carpenter, 2003).

Four criteria were used to measure the trustworthiness of the data: credibility, dependability, transferability and confirmability. In order to establish trustworthiness in this study, Guba's model for establishing trustworthiness of qualitative research was used. It has been very often used extensively by researchers such as nurses involved in qualitative research, and it is theatrically well-developed (Mamabolo, 2009). Lincoln and Guba's (1985) model was used. It identifies the following four criteria for establishing trustworthiness.

3.8.1 Criteria and strategies for establishing trustworthiness

True Value	⟷	Credibility
Applicability	⟷	Transferability
Consistency	⟷	Dependability
Neutrality	⟷	Confirmability
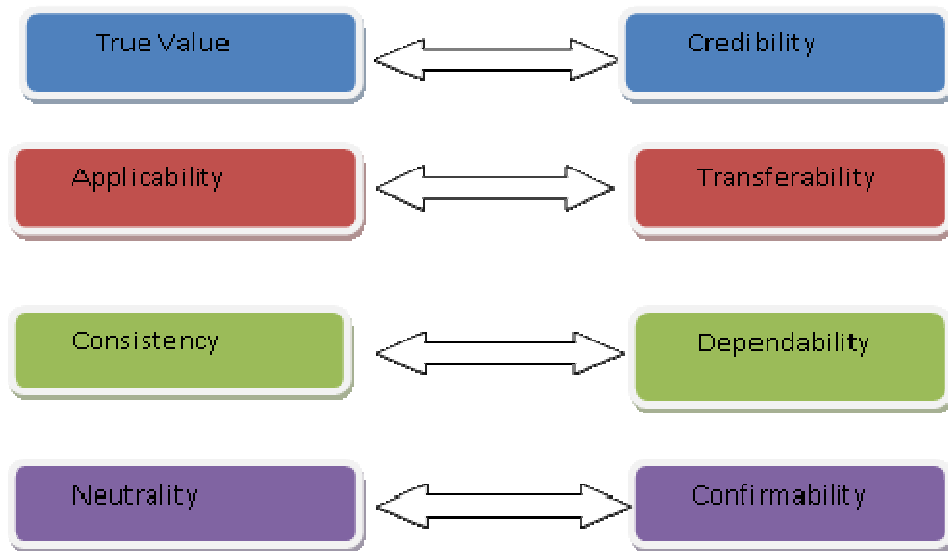
Figure 10: Criteria for Trustworthiness.

Adapted from Criteria and strategies for establishing trustworthiness in a qualitative study by Pilot & Hungler, 2004).

3.8.1.1 Credibility

Credibility is a strategy of true value criteria, and it is related to the degree of believability of research findings (Shank, 2006). It is demonstrated when participants recognise the research findings as their own experiences (Streubert & Carpenter, 2003). The researcher established credibility by prolonged engagement until the scope of the data was adequately covered. In addition, the researcher herself works in the Child Welfare Directorate in the Ministry of Gender Equality and Child Welfare responsible for the protection of children in Namibia. This demonstrates the

researcher's prolonged engagement with participants regarding the phenomenon under study (Holloway, 2005). To ensure the credibility of the interviews, the researcher spent adequate time with participants to establish rapport, to facilitate comfort and to increase their willingness to make known sensitive information. The researcher also used repetition and rephrased questions with the participants to gain credibility.

Furthermore, two supervisors who are experienced researchers assisted to ensure the maintenance of high standards throughout the study. Furthermore, the researcher listened carefully and several times to the recordings and double-checked the transcripts to ensure that the information was captured verbatim.

Finally, member check was also considered for the establishment of credibility. Data, analytical categories, interpretations and conclusions were tested with participants from whom the data were originally collected and from expert professionals working with child protection in the Ministry. A member check was done through participants and the feedback of expert professionals. Participants and experts were presented with the categories that emerged from the data, after which the themes were finalised by discussing their interpretations and conclusions with the two groups.

3.8.1.2 Transferability

Transferability is the strategy of the applicability criteria. It **"refers to the probability that the findings of the study have meaning to others in similar situations"** (Streubert

& Carpenter, 2003, p. 39). It is the extent to which the findings from data can be transferred to other settings. Thus, it is not up to a researcher to judge his or her own study with regards to the transferability of the study's findings. A researcher's responsibility is to provide the results so that potential users can judge the transferability (Lincoln & Guba, 1985; Streubert & Carpenter, 2003).

It is also important to note that generality and applicability are irrelevant in qualitative research because the researcher wants to describe the particular phenomenon. The researcher was responsible for providing an extensive description of data that the reader could assess and, thus, evaluate the transferability of information to another perspective. Findings were meaningful to experts in the Ministry of Gender Equality and Child Welfare's, responsible in RCCFs and to social workers and other health professionals, educators, as well as organisations and other individuals that deal with children from residential child care facilities.

3.8.1.3 Dependability

Dependability is the strategy of consistency criteria; that is a criterion which is met through obtaining credibility of the findings (Streubert & Carpenter, 2003). Dependability is achieved by inviting auditors to follow and judge the acceptability of the process and procedures used by the researcher (Brink, 2006). To ensure dependability, raw data were colour-coded and categorised in sub-themes and themes according to Tesch's open coding. Two research supervisors reviewed and judged

the acceptability of the process and procedures followed during the course of research.

3.8.1.4   Confirmability

Confirmability is the strategy of neutrality criteria. It replicates the traditional concept of objectivity (Kloppers, 2008). It provides a guarantee that findings, conclusion and recommendations are consistent with the data, and that the evidence can be confirmed by auditors (Brink, 2006). Findings from in-depth interviews were read to the participants in order to confirm with them whether they were correct. In addition, the researcher notes and the recorder information were compared in order to confirm trustworthiness.

Table 2. Summary of trustworthiness strategies

Strategy	Criteria	Application by researcher
Credibility	• Prolonged engagement	• The researcher established credibility by prolonged engagement until the scope of the data was adequately covered.
		• The researcher works with the Child Welfare Directorate in the Ministry of Gender Equality and Child Welfare responsible for all RCCFs and children residing in those facilities in Namibia for 8 years and is a social worker by profession.
	• Participants/ experts debriefing	• The researcher listened carefully and several times to the recordings and double checked the transcripts to ensure that the information was captured verbatim.
		• Two supervisors who are experienced

		researchers assisted to ensure the maintenance of high standards throughout the study
	• Purposeful sampling	• The researcher only selected participants who met the inclusion criteria.
Transferability	• Extensive description	• The researcher provided extensive and clear description of data that the reader could assess and evaluate the transferability of information to another perspective. • Data about participants, research context and setting were adequately provided
Dependability	• Inquiry audit	• Raw data were color coded and put into sub-categories and subcategories according to Tesch's open coding • Two experts in qualitative research, who are the supervisors of the researcher, reviewed and judged the acceptability of the process and procedures used by the researcher
Confirmability	• Audit trail • Reflexivity	• Data were recorded, transcribed and analysed to develop sub-themes and the The researcher constantly reflected on her own values, behaviour and position regarding the participants in order to avoid leading responses

3.9   Summary

This chapter reviewed the research methodology, which includes the research design, population, sample, research instruments, the trustworthiness of the data, procedures, data analyses and research ethics.

The research findings will be presented in Chapter Four in line with the underpinning literature.

CHAPTER 4

RESULTS AND DISCUSSIONS

4.0   Introduction

This chapter gives a full account of the results of the study, based on the data collected. The research gathered information in the form of main categories and sub-categories so as to make connections and develop a tentative understanding of the participants' perspectives and experiences.

In the analysis and discussion of the data, participants' words are presented verbatim in italics and linked to the participant number and specific sampling group. Two types of data collection instruments were used: semi-structured, one-to-one interviews with children, parents and key experts in Government. Focus group discussions were conducted with focus persons from NGO's and development partners.

The first part of the semi-structured interviews and focus group discussions focused on collecting biographical data of the participants. The main part of the semi-structured interview and focus group discussion schedules then consisted of nine (9) main categories that are outlined as follows:

- Contextual background
- Relationship with communities

- Legal and policy framework

- Coordination and planning

- Human and financial resources

- Capacity and training

- Services

- Information management systems

- Recommendations by participants

Each of these main categories consisted of sub-categories that facilitated to gather data that helped to elaborate and explain each theme. The main results of each of the sub-categories were analysed and summarised in line with the categories; similarities and differences that emerged from the literature reviewed were identified, analysed and highlighted. The interview schedule and key elements of an integrated child protection system as described in the literature were used as a guide to develop the categories and sub-categories of this study. The findings are linked to theory and the researcher's views are used to guide the discussions.

The Table 3 below presents a summary of the categories and sub-categories.

Table 3. Summary of categories and sub-categories

No.	Category	Sub-categories
1	**Contextual background**	1. Most important achievements in the child protection system 2. Main strengths of the current child protection system 3. Major gaps and weaknesses in the system that hamper effective service delivery
2	**Relationship with communities**	1. Appropriateness of the current child protection system to the local context, relevance and sustainability. 2. Views on children and families experiences of the child protection system.
3	**Legal and policy framework**	1. Availability of clear guidelines or standard operating procedures for service providers in handling cases involving children 2. Availability of coherent policies and legislative framework for the protection of children in Namibia. 3. Service providers' perspectives about the effectiveness of implementation of existing laws and policies in relation to children. 4. Impact on of existing laws and policies on children's lives 5. Existence of agreed protocols for staff to report suspicions or disclosures of abuse and exploitation to other agencies.
4	**Coordination and planning**	1. Linkage and coordination between agencies involved in child protection. 2. Factors that influence effective/ineffective coordination between different agencies. 3. Extent of agreement among stakeholders on common priorities for the protection of children. 4. Appropriateness or adequacy of the current National Plan of Action/National Priorities for Children.
5	**Human and financial resources**	1. Availability of an allocated budget for child protection systems in participant organisations. 2. Adequacy of the current budget and resources for participant organisations to carry out their mandate. 3. Screening processes for staff dedicated to work with children in need of special protection. 4. Main constraints regarding human resources in the child protection systems.

		5. Place for Civil Society Organisations in the Namibian Child Protection System. Areas that need strengthening
6	**Capacity and training**	1. Service providers level of training and experienced to deal with violence against children 2. Availability of appropriate staff (numbers and qualifications) to effectively carry out child protection activities. 3. Extent of training of service providers on all the relevant laws and policies.
7	**Services**	1. Monitoring systems for identification of families and children with problems 2. Nature of the child protection system in the context of a national referral system for supporting survivors of abuse. 3. Services specific to child protection in emergencies. 4. Time frame from reporting cases till their finalisation. 5. Extent to which priorities focus on prevention of abuse and exploitation, or alternatively focus on responding to problems after they happen. 6. Provision for after care and follow up services.
8	**Information management systems**	1. Existing protection information management systems. 2. Linkage of existing child protection information management systems with other information management systems 3. Access of children and families to a complaints mechanism that enable them to raise concerns about child protection processes and outcomes.
9	**Participants recommendations**	1. Ways to strengthen the child protection system in Namibia 2. Other suggestions on improving the existing child protection system in Namibia

The sections that follow present data and the research findings and discuss them in relation to each of the main categories and sub-categories.

4.1 Biographical data

4.1.1 Children and parents

The researcher focused on children and parents that were identified from the caseloads of the social workers attached to the Woman and Child Protection Unit (WCPU) in Windhoek. Six (6) children and four (4) parents from Windhoek with recent experience of the child protection system and who were willing and emotionally ready to participate were interviewed. The social workers at WACPU identified children who had already received therapeutic services for more than 6 sessions. Rapport building in the form of individual sessions with children and parents was done during the initial preparation stage long before data collection. The researcher was introduced to children and parents by the specific social worker responsible for the case. The purpose of the study was explained and ethical issues such as voluntary participation, consent and confidentiality were discussed. The researcher emphasised that the interview might trigger emotions, and explained to participants that they were not obliged to participate if they still found it difficult to talk about the traumatic event. The researcher asked the children individually to briefly tell what had happened to assess their emotional readiness to participate. In cases where the children showed hesitance and emotion the parents were requested to participate.

Table 4. Biographical information of parents and children.

Participant No.	Gender	Age	Respondent status	Discipline/ Grade	Position/Type of case
22	F	46	Parent	Housewife	Physical assault & rape
23	F	42	Parent	Business woman	Gang rape
24	F	13	Child	Grade 6	Rape
25	F	18	Child	Grade 11	Rape
26	F	26	Parent	Receptionist	Rape
27	M	36	Parent	Security Officer	Indecent assault
28	F	15	Child	Grade 9	Incest
29	F	16	Child	Grade 10	Rape
30	F	12	Child	Grade 5	Incest & physical assault
31	F	16	Child	Grade 10	Burglary/Theft & Rape

4.1.2   Ages of the respondents

Table 4 indicates that the ages ranged from 12 to 18 years for the children and 26 to 46 years for the parents. A child in Namibia is defined as any human being under the age of 18 years. A study on rape conducted by LAC (2006) indicates that over one-third of all victims of rape and attempted rape are under the age of 18 years. According to the LAC study, the proportion holds true for both males and females. The age profile of children is important since it has an impact on vulnerability and the cognitive abilities of the child in understanding the proceedings and procedures followed in the child protection system.

4.1.2.1   Gender of the respondents

Knowledge of the gender of the participants is instrumental in determining vulnerability to violence and exploitation. It also gives an indication that the majority of violent crimes against children that are reported to the police and other service providers are crimes committed against girls, as stated in the Seeking Safety Report by LAC (2012). The Joint Inter-agency Statement notes that the distribution of protection risks is not uniform. Girls are not only at higher risk of sexual violence, but also face an array of other risks, such as HIV, female genital mutilation (FGM), domestic work and early marriage (UNICEF; 2013). Table 4 is indicative of this statement. The Table indicates that nine (9) of the participants were female and one (1) was an adult male.

4.1.2.2   Status of the respondents

The findings of this study show that sixty percent (6) of the participants were children with recent experience of the Namibian Child Protection System and forty percent (4) were adults. In all 10 cases the victims were children under 18. The 4 adult participants were parents of children who were not emotionally ready to talk about the violent incident they had experienced.

4.1.2.3 Discipline/Grade of the respondents

The child participants were all of school-going age; the highest Grade was Grade 11 and the lowest Grade 5. The children attended different schools all over Windhoek. Some attended private and others public schools. Adult participants belonged to different job categories. One was a housewife, one a receptionist, one a security officer, and the last one was a self-employed businesswomen. These child victims all came from different socio-economic and ethnic groups. It was evident that violence against children was committed to children from all walks of life.

4.1.2.4 Types of cases reported by the respondents

Findings in this study indicated that all (10) reported cases were of a sexual nature. This includes rape, gang rape, incest and indecent assault. Two (2) participants mentioned physical and sexual assault and one participant reported theft and burglary before the rape incident. This is indicative of the statement in the report by LAC (2006) which states that Namibia is experiencing a steady increase in the number of reported rape cases each year. The increase in reported rape cases is likely to put increasing strain on police officers and the criminal justice system. One factor which has probably influenced the increase in rape over a period of time is the increase in the number of police stations, which has made police more accessible to rural populations. Another factor mentioned in this study is that people gradually felt more confidence in the criminal justice system. Because of the HIV pandemic and the high rate of gender-based violence, sexual issues and violence

against women and children are more openly discussed. Media coverage of such issues has intensified and government figures have been outspoken about such matters at national conferences, workshops and in the media. Training and discussions on the Combating of Rape Act and other relevant legislation to service providers and community-based groups have also raised the public profile and these developments have encouraged the reporting of cases (LAC, 2006).

4.1.3 Key experts in key Government Ministries

A total of eleven (11) key government experts from different disciplines employed by key ministries such as Safety and Security (2 police officers), Gender Equality and Child Welfare (3 social workers), Justice (1 prosecutor and 1 magistrate), Health and Social Services (1 medical doctor and 1 social worker), and Education (2 school counselors) who are nationally responsible for child protection programmes were interviewed. The researcher intended to interview 10 professionals but upon arrival for interviews at the Woman and Child Protection Unit, three, instead of 2, social workers participated.

Table 5: Biographical information of key experts in government ministries

Participant No.	Gender	Age	Ministry	Discipline/Rank/Ministry
11	M	42	MHSS	Medical doctor (MHSS)
12	F	46	MHSS	Social worker (MHSS)
13	F	22	MoE	School counsellor (MoE)
14	F	34	MoE	Senior school counsellor (MoE)
15	F	38	MOJ	Chief Public Prosecutor-Regional court (MoJ)
16	F	41	MOJ	Magistrate-High Court (MoJ)
17	F	43	MSS	Detective Chief Inspector – Commander of WACPU (MSS-Namibian Police)
18	F	29	MSS	Sergeant (MSS - Namibian Police)
19	F	43	MGECW	Chief Social worker (WACPU) MGECW
20	F	28	MGECW	Social worker (WACPU)-MGECW
21	M	26	MGECW	Social worker (WACPU)-MGECW

4.1.3.1   Ages of the participants

Table 5 shows that the ages of the key government experts ranged from 22 to 46 years. In this study, the majority of the participants were all below 40 years. Most of the respondents had already been in public service for many years with vast experience in the child protection system. The majority of the key experts had already been in senior positions responsible for national programmes.

4.1.3.2   Gender of the participants

The study revealed that out of 10 participants, nine (9) were female and two (2) were male. It is evident from this study that more females deal with child protection issues.

4.1.3.3   Ministry or organisation

Equal representation of participants from key line ministries, such as Safety and Security, Gender Equality and Child Welfare, Justice, Health and Social Services and Education were observed, with the exception of one more social worker at the Woman and Child protection Unit. The chief social worker and two social workers participated in the research.

4.1.3.4   Discipline/profession of the participants

In this study, 2 police officers, 3 social workers, 1 prosecutor, 1 magistrate, 1 medical doctor and 2 school counsellors were interviewed. The researcher deliberately decided on equal representation of the different ministries and disciplines to give equal opportunity to practitioners from different disciplines to share their views and experiences.

4.1.4   Non-governmental organisations

Five (5) focal persons from Child Line/Life line (1), Philippi Trust Namibia (1), PEACE Centre (1) the Legal Assistance Centre (1) and Friendly Haven Shelter (1) were interviewed. The researcher chose these organisations based on their direct work with child protection issues.

Table 6: Biographical information of participant's from non-governmental organisation

Participant No.	Gender	Age	Organization	Discipline/Profession/ Position
1	F	45	Lifeline/Child Line	Operations Manager - Social worker
2	F	28	Philippi Trust Namibia	Counsellor
3	F	32	PEACE Centre	Clinical psychologist
4	F	40	Friendly Haven Shelter	Shelter Manager
5	F	25	Legal Assistance Centre	Child Witness Officer - social worker

4.1.4.1   Age of the participants

Table 6 shows that the ages of the NGO respondents ranged from 25 to 45 years. In this study the majority of the participants were below 35 years, with 2 respondents older than 40 years.

4.1.4.2   Gender of the participants

The study revealed that all 5 participants were female; this included 2 social workers, 1 psychologist, one counsellor and one shelter manager. It was again evident that more people in the helping professions were female. At national level, both media attention to and civil society engagement with child protection issues contribute to child protection. Partnerships among actors at all levels are essential for an effective and coordinated response (UNICEF, 2004; Interagency Group, 2012; Wessels, Kostelny & Ondoro, 2014). This approach is human rights based, and emphasises prevention, as well as the accountability of governments and civil society organisations (United Nations, 2008).

4.1.4.3   Discipline of the participants

In this study 2 social workers, 1 counsellor, 1 psychologist and 1 shelter manager were interviewed.

4.1.5   Development Partners

Five (5) focal persons formed part of the sample. They were one from each of the following development partners: UNICEF, UNDP, UNFPA, PACT Namibia and USAID

Table 7: Biographical information of participants from development partners

Participant No.	Gender	Age	International Agency/ Organisation	Position/ Profession
6	F	32	UNICEF	Protection Officer – Social Worker
7	F	38	UNDP	Program Officer
8	F	30	UNFPA	Gender Officer – Social Worker
9	M	39	PACT	Protection Officer
10	F	44	USAID	Programme Manager

4.1.5.1 Ages of the participants

Table 7 shows that the ages of the development partners ranged from 30 to 44 years. In this study, the majority of the respondents were above 38 years, and all of them were directly responsible for the child protection or gender component in an international organisation.

4.1.5.2 Gender of the participants

The study revealed that of all 5 participants only one was a male.

4.1.5.3 Organisation

Equal representation of participants from development partners/ international organisations was observed, one (1) per agency.

4.1.5.4   Discipline of the participants

It has been established in this study that programme managers, protection officers and gender focal persons were interviewed. Two were social workers by profession.

The findings of both the semi-structured interviews and focus group discussions are presented next. The same main themes and subthemes were used for both. The same interview schedule was used for key government experts, NGOs and development partners. A separate set of questions was developed and used for children and parents. Direct quotations by participants are presented in italics and linked to the participant number and group.

4.2   Contextual background

4.2.1   The achievements and main strengths of Namibia's child protection system

The United Nations Secretary General's study on Violence against Children (2006) encouraged, governments to provide examples of good practices and innovative approaches for preventing and responding to all forms of violence against children (Pinheiro, 2006; UNICEF, 2007). Findings of this study revealed significant achievements and strengths in Namibia's Child Protection System. The achievements and strengths identified were: the sound and robust legislative framework relating to child protection, the existence of 15 specialised police units

dealing with child protection, best practices such as shelters for survivors of child abuse and gender-based violence in 7 regions. Child-friendly courts and child witness support programmes in certain regions were highlighted. Sound national coordinating structures, such as the Permanent Task Force and the National Child Care and Protection Committee led by the Ministry of Gender Equality and Child Welfare, improved networking and partnership amongst key stakeholders. Table 8 below highlights the main achievements and strengths identified by participants.

Table 8. Achievements and strengths identified by participants.

Achievement/Strength	Findings
Specialised police units- Gender based violence protection unit	Key experts in Government who were interviewed perceived the existence of child protection services and structures with basic capacity for the provision of protection services as an achievement. This finding is in line with a statement by Ruppel (2009) that there has been progress in developing appropriate measures for children such as the establishment of the Woman and Child Protection Units.
Special Unit on Domestic Violence, Sexual Offences and Maintenance in the Office of the Prosecutor General and Child friendly courts	Key government experts mentioned that child-friendly courts in Windhoek and Swakopmund were seen as best practices with separate waiting facilities for children and their families. One of the social workers interviewed stated: **Participant 12 (key government expert)**: "*There are separate waiting facilities for children and their families and children are not forced to have face to face contact with the perpetrators*". Another achievement mentioned by the participants was the establishment of the

	Special Unit on Domestic Violence, Sexual Offences and Maintenance in the Office of the Prosecutor General that specifically focused on child abuse cases and gender-based violence issues. **Participant 15 (Key government expert):** *"This is a move towards specialization and it shows that Ministry of Justice is taking these issues serious"*.
Child witness support program	**Participant 12 (Key government expert):** *"Many vulnerable witnesses were prepared for court and we had a number of success stories. Practitioners are trained and know how to work with vulnerable witnesses"*.
Coordinating structures	From the interviews and focus group discussions it was evident that good coordinating structures existed. The majority of NGOs and development partners confirmed sound working relationships with government. *Participant 4 (NGO):"The long-standing Permanent Task Force on children, Inter-Ministerial Committee on Child Justice, and National Advisory Committee on Gender Based Violence as existing structures is positive progress and can be used to strengthen the coordination"*.

	Participant 4: (NGO): *"The National Child Care and Protection Committee was established during 2009 and meets quarterly. NGOs such as Child Line/Lifeline, Legal Assistance Centre, PEACE Centre, and Friendly Haven Shelter form part of this committee and serve on several task teams.* **Participant 12 (Key government expert):** *"It is good that partners including government, CSOs and development partners all meet on a quarterly basis to discuss priority issues and ways on how to improve service delivery and to share limited resources where possible. "* Contrary to this, some results from recent assessments and studies conducted in Namibia (LAC, 2006; MGECW, 2012, LAC: 2012) indicate a significant lack of coordination.
Networking and partnership	**Participant 1 (NGO):** *"The consultative process used to develop the National Agenda for Children, the National Protection Referral Flow Chart and input for the Child Care and Protection Bill is proof of a sound relationship between government and other stakeholders"."*

	Participant 1 (NGO): *"The MGECW outsourced some training on Psycho Social Support to our organization. We have signed an agreement and it worked out very well.* Some staff members working for NGOs which deal with child protection felt there was now a improved networking and partnership between the MGECW and civil society organisations. Some of the practitioners reported sound teamwork amongst social workers and police officers such as awareness raising and sensitisation meetings during outreach campaigns to regions and constituencies. Similarly, a study done by MGECW (2012) also found that some good examples of team work existed. The multi-disciplinary training of professionals and the appointment of child witness officers in three (3) regions were mentioned as a definite strength by social workers, prosecutors and magistrates interviewed.
Shelters	During the interviews and focus group discussions, some participants pointed out

	that the Ministry of Gender Equality and Child Welfare recently established shelters in six (6) regions and intended to establish them in the remaining seven (7) regions as well. **Participant 17 (Key government expert):** *"This will make the job for us much easier, now we can refer clients to the shelter, should the need arise".*
Valuable role of NGOs	The role of NGOs in the child protection system is vital and participants interviewed highly valued their input and services received. Some of the parents and children interviewed expressed their appreciation for the good work done by NGOs in the child protection system. **Participant 25 (Child):** *"The lady at Child line was very friendly; she talked to me nicely and even called the school."* **Participant 29 (Child):** *"I was referred to Philippi Trust by a colleague of mine and really appreciate their support. They even accompanied us to court for the bail hearing."*

Pinheiro (2006) agrees that the fundamental objective of child protection is to ensure that all those with a duty to safeguard the protection of children recognise that duty, and are able to fulfill it. Accordingly, given the ethical and legal imperatives, child protection is the business of everyone at every level of society in every function (UNICEF, 2008; Republic of Tanzania, 2013).

One of the social workers interviewed stated that the child witness support programme was funded by USAID, but the funding stopped in May 2012. A consultative process had started where the Ministry of Gender Equality and Child Welfare agreed to take over the programme and create posts on their staff establishment to make the programme sustainable. A consultative workshop was conducted during October 2012 and an implementation plan was developed by all relevant stakeholders to ensure a smooth handover of functions and responsibilities. Social workers in MGECW received training and mentoring by the child witness officers employed by the Legal Assistance Centre for another year.

Participant 1 (NGO): "*Namibia has made huge progress in child protection efforts such as the assessment of protection services in 5 regions (mapping); research studies on trafficking and child labor investigations in close collaboration with Ministry of Labor, workforce development by MGECW who did a functionality and capacity review.*

Participants felt it an opportune time to invest in child protection systems and mentioned that the political climate was right since the Child Care and Protection

Bill was to be passed soon after the high increase in gender-based violence cases was established and the resulting high level discussions on this topic.

Participant 6 (Development partner): "*Now with all talks and discussions on the Child Care and Protection Bill it is a great opportunity for ministries to formalize memorandums of understanding and service agreements and to develop standard operating procedures with sufficient commitment and investment to move towards an integrated child protection system*".

Inevitably, Namibia had made good progress in child protection efforts. The literature reviewed has shown a strong commitment from the Namibian government since Independence to protect children (Ruppel, 2009; MGECW, 2012) and all the strengths mentioned are clear evidence of that. A number of good child protection practices were analysed as part of the literature review of this study. In summary, some of the models considered, for example, in South Africa's Thuthuzela Care Centres and Liberia's Women and Children Sections can be described as prosecution led and centre primarily on legislation prohibiting rape and other sexual offenses supported by constitutional and jurisdictional law. The South African government replicates these centres all over the country (The National Prosecuting Authority of South Africa, 2008; Dladla & Gabriels, 2010; MGECW, 2012).

4.2.2   The weaknesses and gaps of the Namibian child protection   system

The United Nations Secretary General's Study on Violence against Children (2006) encourages governments to highlight challenges encountered in addressing violence against children (Pinheiro, 2006; UNICEF, 2007).

This study found that Namibia's child protection system was still responsive to issue-specific programming; prevention was not a priority and the programme did not involve the meaningful participation of children. This study underlined what the literature maintains. In order for Namibia to reach its full potential, more needs to be done to care for and protect the country's children (Pinheiro, 2006; Ruppel, 2009; MGECW, 2012; Republic of Tanzania, 2013). The systems theory that underpins this study emphasises a strong focus on prevention. The on-going call for a focus on child protection systems within the child protection community has been driven by several factors. These include dissatisfaction with the impact of current approaches.

The majority of participants interviewed were concerned that Woman and Child Protection Units only existed in regional towns and that children from villages and smaller towns still had to travel vast distances to access services. The same applied to the child witness support programme, child-friendly courts and shelters that only existed in certain regions, resulting in the majority of children having no or minimum access to protection services. Participants recommended that these best practices should be replicated in all regions for all children to benefit. More robust

and sustainable child protection results for the most vulnerable children would be achieved at country level if the national child protection response systems and services were available in all regions.

It is evident from the results of the study that special child-friendly court rooms were not utilised optimally, and only children in regions where there were child-friendly courts benefited. One of the prosecutors interviewed said:

Participant 15 (Key government expert) *"We first use the ordinary court room and when the child finds it difficult to testify in an open court, we will arrange to use the special court room".*

It seems that the special measures and special arrangements provided for in the Criminal Procedures Amendment Act, Act 24 of 2003 (Section 158) had not been implemented. This finding correlates with an assessment conducted by MGECW (2012) who also found that client-friendly court arrangements were not being routinely used, although some examples of good practice had been found to exist. This is also confirmed by Muller and Hollely (2000).

The main objectives of this piece of legislation are to demystify the courtroom through education, to reduce the fear and anxiety related to testifying through stress reduction and lastly to enhance discovery of the truth and the child's appearance of credibility.

4.2.2.1 Special measures that apply to all vulnerable witnesses including children

The following special measures apply to all vulnerable witnesses including children:

- Any witness under 14 is not required to give an oath or affirmation before giving evidence;

- Evidence will be received from any witness who appears to be able to give intelligible testimony;

- The evidence of a child shall not be regarded as unreliable just because the witness is a child;

- The presiding officer has strengthened powers to place strict limitations on the use of irrelevant cross-examination to badger or intimidate any witness;

- Any witness under the age of 13 may be cross-examined ONLY through the presiding officer or through an intermediary;

- Medical records prepared by a medical doctor who has treated a survivor, even if the medical practitioner is not available to testify personally, can be submitted.

- There are now added possibilities for admitting information given by children under the age of 14 prior to the trial.

The following special arrangements for giving evidence can be made at the request of any party, at the request of the witness in question or on the court's own motion:

- The trial can be held in an alternative venue, which will be less formal and less intimidating than a court room;

- The furniture in the courtroom can be re-arranged or changed, or people can be directed to sit or stand in places different from what is usual;

- The witness may be allowed to testify behind a one-way screen or by means of closed-circuit television;

- A support person can accompany the witness whilst testifying;

- The presiding officer may authorise any steps that are deemed expedient and desirable to facilitate the giving of evidence by a vulnerable witness (Criminal Procedures Amendment Act, Act 24 of 2003).

The issue of delays and postponements were raised by several of the participants. Previous research studies also made mention of this weakness in the system. A significant number of rape and other complaints are withdrawn before completion of the prosecution process. This is attributed to delays in the process and the involvement of traditional courts or out of court settlements made between families. Some of the participants felt that the traditional court could play an important role, but not when it came to serious cases such as sexual offences (MGECW, 2006).

The vast majority of participants aired their dissatisfaction with the current system's response to child protection:

Participant 24 (Child): *"I did not like all the postponements. I was 9 when the case was reported and 13 when it was finalized. I miss many days of school and the accused was not guilty at the end."*

Participant 25 (child): *"We were sent to the pharmacy for the emergency drugs and had to come back to the WACPU the next day. Why can't they keep the drugs at WACPU?"*

Participant 11 (Key government expert): *"Court proceedings neglect the victim and there is no future support after the court case".*

Participant 16 (Key government expert): *"I would not allow my child to go through the current system; I would rather find other means such as a private psychologist."*

Participant 16 (Key government expert): *"There is a lack of court preparation officers in all 13 regions."*

Participant 14 (Key government expert*):** *"WACPU need to be more child friendly (furniture and decor)."*

Participant 16 (Key government expert): *"Justice needs to make use of intermediaries in court and need to have child-friendly courts and waiting facilities for children at court."*

Participant 5 (NGO):" *The child witness support program worked well when it was run by Legal Assistance Centre cause they had dedicated, trained personnel to focus on the program. Social workers are too busy and this is just another added responsibility for them".*

Participant 11 (Key government expert): *"The current structure is not responsive to the needs of the child survivors, we do not know where to go"*

Participant 13 (Key government expert): *"Hospitals are not built in a way to accommodate child victims of violence and abuse."*

Participant 26 (Key government expert): *"The MGECW established shelters in 7 regions; the process is in a pilot stage where issues such as staffing and funding still need to be addressed to make the shelters fully functional and operational."*

Participant 9 (Development partner): *"There are still significant gaps in dealing with children in the criminal justice system."*

Participant 10 (Development partner): *"Some clients are still sent back and told that domestic violence is a private matter."*

Participant 10 (Development partner): *"Child Witness support officers should be a designated cadre and in all regions."*

Participant 3 (Non-governmental Organisation): *"WACPUs are not nurturing, safe places of protection for children, it re-traumatized children instead."*

MGECW (2012) found that not all WACPUs yet had witness support officers and social workers were often too busy to support clients through what were complex and often traumatic court processes.

The results of the study also show that roles and responsibilities of service providers are not clear to both practitioners and the wider public. One of the participants mentioned unclear referral pathways as a weakness in the system and felt that the public and stakeholders were not clear on the roles and responsibilities of role players.

Participant 4 (NGO): *"Clients are sent from pillar to post and the community are not sure which ministry if responsible for what."*

Some of the participants complained that they waited for hours to be seen by medical doctors before the medical examinations were done or they were requested to come back the next day due to unavailability of medical doctors. These statements are confirmed in this study in the quote below.

Participant 26 (parent): *"My daughter is 5yrs old, we went to WACPU 8h00 the Saturday morning and waited for the doctor till 17h00 the afternoon. I had to run to Shoprite to buy lunch for the 2 minor children. When the doctor eventually came he*

was in a hurry and not very friendly. No statements were taken by the police. The police came after 3 weeks to get the statements from the children."

A situational analysis by the National Planning Commission (2010) states that coordination between WACPU staff and health care workers is at times difficult, with WACPU staff citing problems of getting doctors to attend to victims in a timely fashion, and that the administration of the rape kits is a priority issue.

One of the parents was highly frustrated with especially the police response after a case of sexual assault was reported.

Participant 22 (parent): *"There was concrete evidence of the rape, but the police only visit the scene of crime 3 days after the rape occurred and no feedback on the progress of the case is given. I went several times to the Woman and Child Protection Unit to enquire just to be told we should be patient."*

Numerous stories about dissatisfaction were recounted. These findings concur with several studies in the literature review such as the study on protection services in 5 regions by MGECW (2012), a study on the operations and implementation of the Combating of Rape Act in Namibia by the Legal Assistance Centre (2006) and the World Report on Violence against Children (2006) which all revealed similar weaknesses in child protection systems. Liberia uses centres of excellence to demonstrate good practice to other providers. Similar to Namibia, the Sierra Leone governmental model (Child Frontiers, 2010; UNICEF, 2010) offers services to a

broader range of clients through links with local police partnerships. These include survivors of sexual offenses, domestic and gender-based violence. An assessment conducted in 5 regions by MGECW (2012) found that the safety and security of vulnerable adults and children were compromised by the fact that few temporary shelters or places of safety existed in the country and that they were not fully functional. This was confirmed by one of the social workers interviewed.

The National Prosecuting Authority of South Africa (2002) declares, as cited in the literature review, that there are certain general principles that apply to all role players in the management of child protection such as providing advice and support to staff in relation to protection issues, ensuring that there are internal procedures for safeguarding survivors of abuse, supplying training for professionals working with protection, working with other agencies to develop protection issues, ensuring that there is a system of protection audit which monitors the agreed protection standards, giving clinical supervision for professionals at WACPU, and establishing effective communication pathways with the regional protection groups. Inadequate institutional infrastructure and shortage of human and financial resources were found in recent studies by USAID (2013) and LAC (2012).

Furthermore, the literature review has shown a strong commitment from the Namibian government since Independence to protect children (Ruppel, 2009; MGECW, 2012); however, the testimonies of participants during this study, as well as from the literature (Pinheiro; 2006; MGECW, 2006; UNICEF; 2007; LAC; 2012), showed that these commitments were far from being fulfilled. The Legal

Assistance Centre (2006c) had similar findings that the child protection system in Namibia was fragmented and implemented via different agencies, and that children struggled to access quality services in an integrated manner. Current approaches to child protection are fragmented and largely uncoordinated; there is a lack of linkages with essential lateral services for children. This diffused approach results in a response which is marked by numerous inefficiencies and pockets of unmet needs (UNICEF, 2010). According to Ruppel (2009), the measures of protection that exist in Namibia lack effectiveness when it comes to monitoring and implementing children's rights. The quality of investigations undertaken by WACPU officers is reported to be variable with particular weaknesses highlighted in respect of witness statement-taking and the collection of evidence at the crime scene (MGECW, 2012).

A study on protection services in 5 regions reveals that the name "WACPU" is popularly seen to exclude men from the services provided and serves to reinforce stereotypes of masculinity which make men and adolescent boys reluctant to report cases of abuse or maltreatment (MGECW, 2012). This was confirmed by this study when participants suggested that the name should be changed.

Although child protection concerns are seen as important in Namibia, they are considered secondary to broader development concerns. As such, child protection is not clearly mentioned in the National Development Plan of the Government of Namibia (NDP4). This might have the unintended consequence of leaving children who are vulnerable to violence, abuse, exploitation, neglect and being at risk, outside of national development efforts. As the supreme institution tasked for the

highest welfare of all its citizens, including children, Government has the responsibility for ensuring that services exist and that there are no gaps. Government is also responsible for ensuring that services meet quality standards.

4.2.3   Relationship with communities

4.2.3.1   Involvement of community groups/members

The United Nations Secretary General's Study on Violence against Children recommends that states should strengthen child protection systems and include community and kinship mechanisms. States should build community confidence in the child protection justice system by, inter alia, bringing all elements together to prevent, as well as respond, to protection risks. The findings in this study are in full alignment with the Convention on the Rights of the Child.

Participants expressed an increased recognition that the prevention of violence against children required better cooperation and collaboration among many partners; this includes the community.

Participant 1 (NGO): *"Communities has a lot to offer, but we exclude them and child participation in Namibia is an area that needs attention"*.

Focus group participants emphasised the need to have representation of people from their own communities on the WACPU unit management committee.

Participant 5 (NGO): *"The Ministry should approach community members to serve on the Management Committee of the WACPU because they know what is going on in the communities and can talk on behalf of the community. We should do things for children and communities".*

This finding is in line with the systems approach (World Vision, 2010; Munro, 2011; UNICEF, 2013) to involve all formal and informal systems; this includes children, family and communities. In addition, some recommended that WACPU should have community centres with trained community members in each community. It was also revealed that the community support groups that were established some years ago were not functional anymore and should be revived.

Participant 16 (Key government expert): *We have trained child protection support groups in all regions to serve as link between community and the units, but these groups does not exist anymore, they were quite useful and could be revived".*

Swaziland (UNICEF, 2007) involves teachers and schools as an important source of information. Sierra Leone involves traditional and other opinion leaders and decentralised community organisations due to cost constraints, but this is not the case in Namibia (MGECW, 2012). Moreover, an ecological perspective encourages one to consider the holistic environment for an individual (Rothery, 2007; Bronfenbrenner, 1979).

A national child protection system is broadly defined as a comprehensive and interrelated approach to the protection of children from abuse, neglect, exploitation and violence and to the fulfillment of children's rights to protection (Save the Children UK, 2010). It is a set of coordinated formal and informal elements working together to prevent and respond to abuse, neglect, exploitation and other forms of violence against children (United Nations Economic and Social Council, 2008; World Vision, 2011). Interactions between the system and its context drive the system's evolution over time. The formal and informal mechanisms emerge from these same interactions. Ward (2007) argues that protecting children is a private and a public responsibility because children are also part of a broader community.

Participant 24 (Child): *"If the community knows about services they can refer cases earlier so communities should be trained and involved"*

A Child Rights-based approach understands that children offer the best understanding of their own situation, that they have essential experience to offer through participation, and that they deserve to have their best interests met through adequate allocation of resources and the implementation of all the rights in the United Nations Convention on the Rights of the Child (UNICEF, 2007; Save the Children, 2009).

Save the Children UK (2006) argues that key contributions that community groups can make include the following: preparing their own organisation for community mobilisation, becoming knowledgeable about national and local initiatives, deciding

whether to work with existing groups or to establish new groups, selecting group members and assisting communities to develop a code of conduct and a protection policy, training communities to support a survivors' plan for action, monitoring progress and reporting activities, providing ongoing support to children, as well as acting as a referral link between the community and service providers (MGECW, 2007).

Lonne, Parton, Thomson and Harries (2009) agree that we need the following: accessible and integrated programmes and services that are embedded within neighbourhoods and communities, child and family informed practice and a long term focus on outcomes for children, families and communities over time. They continue that working alongside children and families, as opposed to investigating them and subsequently providing them with requirements to demonstrate their capacity, is far more fruitful in terms of offering genuine assistance instead of what may be considered a punitive and legalistic response (Dupree & Hardy, 2013).

Communities and the family often play the most influential role in the quality of care and protection that each child receives (Munro, 2011; Republic of Tanzania, 2013). The role of the family is determined by the knowledge, attitudes, capacity and beliefs of each family related to the care and protection of children. The state is a critical actor, given its role and responsibility in the implementation of children's rights to protection, which are articulated in the UN Convention on the Rights of the Child (Pinheiro, 2006; UNICEF, 2007). The majority of formal components of the child protection system are put in place and implemented by government authorities

at different levels; however, the state is strongly affected by informal elements of the child protection system. This level includes people hired by the state who have roles to play in the protection of children. These include teachers, health workers, police and others (MGECW, 2012). Contrary to this, a study conducted by Child Frontiers in Sierra Leone (2010) reveals that in some socio-cultural contexts, formal system structures are not necessary or appropriate because parents, extended family members and other members of the community protect children through largely informal mechanisms.

The joint interagency statement (2013) states that internationally, different approaches to protecting children and supporting families have evolved over time and are rooted in particular traditions and socio-political-cultural contexts. By contrast, the origins of African child protection systems is based on imported colonial models and approaches that may or may not have incorporated more culturally appropriate practices and local values. As a consequence, many national protection structures have failed to build on positive community practices and assets that foster child well-being. Although the new international discourse has advanced general systems thinking, an African perspective has not yet been integrated into the global dialogue. There is a lack of African research on the topic. The positive contributions by families and communities are essential components of a systems approach. Opportunities exist for the considerable expansion of outreach work at community level, especially building sustainable community structures to link communities and service providers. There is scope for building more private-public partnerships and for using the expertise and capacity of non-governmental

organisations, as was suggested by some of the participants in this study (UNICEF, 2013). In effect, preventing and responding to violence against children should be everybody's business.

4.2.3.2 The children and families' experiences of the Namibian child protection system

The needs of child survivors and their parents for an effective, integrated, comprehensive, child friendly protection system was identified in this study. When asked to talk about their experiences of the system, children and their parents gave various reports according to how they were treated by service providers/practitioners. The efficiency of the support varies from one child/parent to another child/parent.

Below are some quotations from parents and children regarding their experience of the Namibian child protection system

Participant 27 (Parent): *"Our case was handled in a very bad manner. The police officer in the first place said the case was not so serious since there was no penetration; he said the child can come back the next day for the medical examination. We went the next day and waited for 4 hours just to be told again to come back the next day. The English of the police officer was so bad that my daughter who was 15yrs at the time gave her statement 3 times. I gave the police the physical address of the accused because it was a relative of ours, but no attempt*

was made to arrest him. I later after 3 months asked the assistance of City police to arrest the guy. I physically grabbed the guy and kept him till the police came."

Participant 29 (Child): *"I felt judged when the police officer asked me how I could allow my husband to sleep with my daughter as if I had control over it."*

Participant 27 (Parent): *"Can you belief, the police officer suggested that the two families should come together and solve the matter saying "blood is thicker than water?"*

Participant 26 (Parent): *"My child was seen by several people and had to tell her story several times. Nobody came back to inform us what will happen next."*

Participant 25 (Child): *"After waiting for hours to see the doctor, we were sent to the pharmacy for the emergency drugs, we had to come back the next day for the statements. Why can't they keep the drugs at WACPU?"*

In contrast with the aforementioned, other participants interviewed expressed satisfaction and had good impressions of the child protection system. One participant narrated how a police officer accompanied her to the hospital and waited with them for hours to be medically examined.

Participant 26 (Parent): *"The police lady accompanied us to hospital and waited patiently with us till the doctor came to assist. She explained to us the process and really tried to make my daughter feel at ease".*

Participant 25 (Child): *"My child, 14 yrs old was treated privately by the social worker; the social worker was patient and very friendly."*

Participant 25 (Child): *"The lady at Child line was very friendly; she talked to me nicely and even called the school."*

Participant 29 (Child): *"I was referred to Philippi Trust by a colleague of mine and really appreciate their support. They even accompanied us to court for the bail hearing."*

Another participant was impressed by the professional and friendly manner in which the social worker assisted them in the privacy of her office. Another child survivor expressed her surprise that the case progressed so quickly from the reporting of the case till the first court appearance. She believed it was because of the attitude of the prosecutor who handled the specific case.

Cossar, Brandon and Jordan (2011) emphasise the importance of listening to the views of children and striving to understand their experiences. This is fundamental to ensuring that their rights to protection, support and participation under the United Nations Convention on the Rights of the Child are fully realised.

This study reveals that despite positive progress and development, children still suffer and are exposed to secondary trauma in a system from which they are supposed to get protection. Multiple interviews force children to repeat the details of very intimate and embarrassing experience to strangers again and again, thereby increasing the stress the child is already experiencing. Muller and Hollely (2009) argue that repeated interviews can diminish the child's motivation and co-operation.

It is imperative that people working in the child protection system should receive specialised training, particularly with regard to their attitudes towards child survivors and their understanding of what these children go through and how they may behave (Dladla & Gabriels, 2010). Training on how to interview children of different ages and at different stages of development is also vital (Muller and Hollely, 2000). It is only through the continued and ongoing education of all stakeholders in the criminal justice system that service delivery to children will improve.

4.2.4   Legal and policy framework

The United Nations Secretary General Study on Violence against Children (Pinheiro, 2006) recommends that States act in conformity with their commitments to the prevention of violence made at the UN General Assembly Special Session on Children, and in the context of the WHO Health Assembly resolution on implementing the recommendations of the World Report on Violence and Health and other regional public health resolutions that reinforce this resolution. This is in

full alignment with the Convention on the Rights of the Child. The same study urges States to prohibit all forms of violence against children, in all settings, including all corporal punishment, harmful traditional practices, such as early and forced marriages, female genital mutilation and so-called honour crimes, sexual violence, torture and other cruel, inhuman or degrading punishment and treatment, as required by international treaties. These treaties include the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment and the Convention on the Rights of the Child. I draw attention to General Comment No. 8 (2006) of the Committee on the Rights of the Child on the right of the child to protection from corporal punishment and other cruel or degrading forms of punishment (Articles 19. 28, paragraph 2 and 37, inter alia) (CRC/C/GC/8).

4.2.4.1 Guidelines/standard operating procedures for handling violence against children

Professionals in Namibia do not have clear guidelines/operating procedures to guide their practice for the promotion, wellbeing and protection of children. The majority of the professionals interviewed claimed that they were not provided with proper guidance on how to deal with violence against children. Some participants admitted mistakes they had made since they never received specialised training on working with children.

Participant 26 (key government expert): *"We learn through trial and error because I never received orientation since I started to work at the WACPU".*

Professionals interviewed received generic training and expressed the need for standard operating procedures to clarify roles and responsibilities. The health professionals spoke of the lack of time and conflicting demands hindering them to deliver efficient services especially survivors of sexual offenses. They elaborated on how they had to prioritise between a case in the theatre and a medical examination of a rape victim.

Participant 11(key government expert): *"If I must choose between a life threatening emergency and a rape case obviously I will attend to the emergency, not to say that the rape case is not important but we need to prioritize".*

MGECW (2012) proposes that the achievement of a "client-centred" service with a seamless and smooth continuum of care requires mechanisms to encourage stronger integration and coordination between different governmental and non-governmental providers through the use of Memoranda of Understanding, service level agreements, Referral Protocols, Standard Operating Procedures (SOPs) and basic minimum service standards. The legislation stipulates formal processes for intervention and essential services once a child is in need of care and protection, but overarching protocols and guidelines have still to be developed for enacting these provisions (Ruppel, 2009; MGECW, 2012).

Child protection is a broad term employed to describe philosophies, policies, standards, guidelines and procedures to protect children from both intentional and unintentional harm. In the particular case of human service systems, some examples

of system functions include the delivery of particular services, provision of technical support to system actors, monitoring of various system activities and the establishment of standards of care or professional behaviour, among others (Cohen, 2002; Begun, Zimmerman & Dooley, 2003; Hmelo-Silver & Pfeffer, 2004; Bennett & Eichler, 2006; Glisson, 2007). On the contrary, Munro (2011) in his review of child protection found that statutory guidance, targets and local rules had become too extensive and that they limited the ability of service providers to stay child-centred. He continues that services have become so standardised that they do not provide the required range of responses to the variety of needs that is presented.

The lack of guidelines complicates procedures and case management, especially for referrals and assessments. Service providers need clarity on their roles and responsibilities to ensure accountability.

4.2.4.2   The existing policies and legislative framework

Practitioners emphasised the need to enact the Child Care and Protection Bill to optimally protect Namibian children. Social workers interviewed expressed concerns regarding international adoptions that are becoming a major problem for the Namibian government, but are not provided for in the old Children's Act, Act 33 of 1960. Participants in this study were of the opinion that the Child Care and Protection Bill could offer full protection to children, but only if it was enacted and in force. A similar concern was voiced regarding the Child Justice Bill that has been a Bill since 1993. Although attempts had been made to improve the legal

framework for children, it was argued convincingly by participants that there were major gaps in the legal system. The results of this present study agree with MGECW (2007) that states that children are still not a top priority in countries, despite the number of countries that have become party to the Convention on the Rights of Children and the African Charter (1984). This lack of urgency about children's rights is demonstrated by the number of child-centred bills that have been pending for a significant time in Namibia and other countries (MGECW, 2007).

The findings of this study reveal that existing laws, structures and services for the protection of children do not have a tangible impact on the lives of the youngest members of society. Significant investment has gone towards legal and judicial processes, by the establishment of specialised police units and a specialised unit in the Office of the Prosecutor general; however, the relative lack in the investment of human capacity and infrastructure means that the provisions of the law cannot reach the vast majority of children in need of services. This lack of urgency about children's rights is demonstrated by the number of child-centred bills that have been outdated and pending for significant periods in Namibia and other countries (Ruppel, 2009; LAC, 2012).

Clearly, laws alone are not sufficient to protect the rights of children. Ruppel (2009) states that appropriate economic policies, institutional reform, training of professionals, social mobilisation and the modification of attitudes and social values are essential to achieving child protection.

This study found that in recent years, Namibia had made significant progress towards incorporating the CRC and ACRWC into the national legal and policy framework and in establishing the basic legal framework for child protection. These laws and policies were discussed in detail in Chapter 2. However, legislative measures were not always implemented as effectively as they could be and moreover had not yet proven to be a sufficient deterrent to the mistreatment of children in Namibia. Clearly, although good laws to protect children are important, they are not and will not be sufficient on their own (Ruppel, 2009). The systems approach is in full alignment with the Convention of the Rights of the Child (CRC) and other international conventions, instruments and standards which establish that states have the responsibility for the protection of all children, regardless of their local context.

4.2.4.3   The Constitution of Namibia, 1990

The Namibian Constitution is the fundamental and supreme law of the country. Article 15 includes certain children's rights as justifiable. It includes the following rights:

- Children shall have the right from birth to a name, the right to acquire a nationality and, subject to legislation enacted in the best interests of children, as far as possible the right to know and be cared for by their parents;

- Children are entitled to be protected from economic exploitation and shall not be employed in or required to perform work that is likely to be

hazardous or to interfere with their education or to be harmful to their health or physical, mental, spiritual, moral or social development;

- No children under the age of fourteen (14) years shall be employed to work in any factory or mine, safe under conditions and circumstances regulated by an Act of Parliament;

- Any arrangement or scheme employed on any farm or other undertaking, the object or effect of which is to compel the minor children of an employee to work for or in the interest of the employer of such employee, shall for the purposes of Article 9 hereof be deemed to constitute an arrangement or scheme to compel the performance of forced labour (MGECW, 2006).

A coherent, multidisciplinary system needs to be established with clearly enforceable guidelines or protocols governing the management of child victims of sexual abuse and the prosecution of offenders (UNESCO, 2001). Policy documents, protocols and guidelines are currently available, but none of these are consistently implemented. One of the main reasons for this is that these documents are not legally enforceable and there is no accountability for non-implementation.

An adequate legislative framework, its consistent implementation, accountability and a lack of impunity are essential elements of a protective environment (Ward, 2007; Rupple, 2009; Dupree & Hardy, 2013). Without the political will to implement, enforce and economically support child protection laws and policies, legislation is nothing more than a talking point (UNICEF, 2004). Ruppel (2009)

states that Namibia has a sound legislative framework pertaining to child protection but that the implementation thereof is a major concern.

Namibia is a signatory to the following international conventions, without reservations:

4.2.4.4   The United Nations Convention on the Rights of the Child   (CRC), 1989.

The Convention on the Rights of the Child (CRC) was ratified by Namibia in 1990. The CRC seeks to promote and protect the rights of all children while also catering for the special needs of children living in particularly difficult conditions. It also seeks to improve living conditions and promote their well-being and developmental outcomes. In broad strokes, the rights that are enshrined in this instrument are "survival rights, protection rights, development rights and participation rights of children". In its several clauses it mentions certain key points that are relevant to child protection. The Convention on the Rights of the Child obligates Namibia to protect children from sexual exploitation and prevent the exploitative use of children in prostitution and the inducement and coercion of children to engage in unlawful sexual activity (MGECW, 2011).

Article 19 of the CRC requires children's protection from all forms of physical and mental violence. This article requires states to take a variety of measures,

legislatives, administrative, social and educational to protect children from all forms of violence, injury or abuse, neglect, exploitation or maltreatment.

Article 32 recognises the right of the child to be protected from economic exploitation and from any work that is likely: to be hazardous, interfere with the child's education, be harmful to the child's health or physical, mental, spiritual, moral or social development.

Article 34 obliges States to protect children from all forms of sexual exploitation and sexual abuse.

Article 35 acts as a protection for children at risk of abduction, sale or trafficking.

Article 37 requires protection of children against torture and cruel, inhuman or degrading treatment or punishment.

Article 39 obliges State parties to take all appropriate measures to promote the physical and psychological recovery and social reintegration of a child victim of: any form of neglect, exploitation, abuse, torture or any other form of cruel, inhuman or degrading treatment, punishment or armed conflict. Such recovery and reintegration shall take place in an environment which fosters the health, self-respect and dignity of the child.

Article 40 of the CRC obliges State Parties to establish child-oriented justice systems.

The ecological model also helps in developing government policies and programmes that can benefit our society, according to Bronfenbrenner (1979).

A training manual and resource guide on child protection by MGECW (2006) generated a discussion on the lack of urgency about children's rights as demonstrated by the number of child-centred bills that have been pending for significant periods in Namibia. Participants interviewed in this study argued that, although attempts had been made to improve the legal framework for children in Namibia, there were still major gaps in the legal system, such as the poor implementation of the existing legislation.

Participant 2 (NGO): *"The Domestic Violence Act provides for protection orders within 24 hours to safeguard the wellbeing of people, but some people wait for weeks for a protection order to be granted. Perpetrators are still getting bail without the involvement of the child and parents"*.

The subject as to whether the customary or modern systems of justice are preferable is hotly debated in Namibia. Some participants felt that both had their importance but that traditional courts should not be allowed to deal with sexual offences. At the same time many Namibians continue to rely on customary and traditional dispute resolution mechanisms, which settle cases, including rape, out of court (MSS and

MGECW, 2011). Perceptions exist that money can sometimes buy justice in that wealthier and prominent members of the society may get off more lightly than those who are poorer. The researcher is aware that despite the training and sensitisation of the public, many cases are still reported to traditional authorities. Only when compensation is not paid to the victim as agreed upon, the victim reports the case to the police or social worker. This can happen weeks after the incident has occurred. Payments of direct compensation to the survivor under customary law frequently encourage withdrawals (Legal Assistance Centre, 2009). Some participants in other studies opted for customary law where they could receive compensation. Compensation as an alternative to the prosecution of rape cases can take several forms. In some areas compensation is likely to be administered by a traditional chief and may be paid in the form of livestock. In other places, compensation is more likely to take the form of a sum of money that is agreed upon between the families of the complainant and the accused (Legal Assistance Centre, 2009). On the other hand, the joint interagency statement strongly recommends the inclusion of traditional authorities and informal mediation mechanisms in the child protection system for effective implementation (UNICEF; 2013).

Overall the protection framework is exceptionally robust, as was also stated by Ruppel (2009), but the popular understanding of these legal protections at community level is poor (MGECW, 2012). The African Report on Child Wellbeing (2008) found the Government of Namibia to be the second most child-friendly government in Africa. The report provides an insight into the wellbeing of children in Africa and assesses the extent to which governments meet their obligations,

through a ground-breaking Child-Friendliness Index – developed by The African Child Policy Forum (ACPF). The high ranking of Namibia was due to three factors: first, as a result of the government of Namibia putting in place appropriate legal provisions to protect children against abuse and exploitation; secondly, because of its high commitment in allocating a relatively higher share of the national budget to provide for the basic needs of children; and thirdly, as a result of the effort and success in achieving relatively favourable wellbeing outcomes as reflected on by children themselves. Namibia also scored highly with 60.2% for its legislation to protect women in the Ibrahim 2010 African Governance Index which quantifies information on laws against domestic violence, sexual assault or rape and sexual harassment.

Countries like Ghana, Kenya, Sierra Leone and Tanzania have begun the process of redefining the child protection system through the development of new policy frameworks; they are tapping into existing practices and resources and forging links between the informal and formal parts of the system. These countries are in the process of making the system in its entirety more sustainable, effective and fit for the country context (African Child Policy Forum, 2013). From a legislative and policy perspective, Australia focuses on early intervention services and these services are child centred (Bromfield & Holzer, 2008). National laws, policies, plans and programmes should fully comply with international human rights and current scientific knowledge. The implementation of the national strategy, policy or plan should be systematically evaluated, according to established targets and timetables, and provided with adequate human and financial resources to support its

implementation (Pinheiro, 2006). Without the political will to implement, enforce and economically support child protection laws and policies, legislation is nothing more than a talking point.

4.2.4.5 The implementation of existing policies and legislative framework

The study found an alarming gap between the sound legal framework and the lack of implementation. Participants painted a sad picture about the Combating of Rape Act and how minimum sentences were not enforced. Provisions in the Combating of Domestic Violence Act were not applied.

Participant 12 (Key government participant): *" for example a protection order must be served within 24 hours according to the Act, but in reality people can wait for weeks for the order to be granted"*.

On this issue, all professionals interviewed shared the same view. They felt that Namibia had a sound legal framework, but implementation was a problem for many reasons. Some of the reasons mentioned were a shortage of financial and human resources, as well as a lack of resources such as computers, internet facilities, telephone credit, furniture and other office equipment. Others mentioned that not all practitioners dealing with children were trained on laws related to children; some were inexperienced and lacked the skills to work with children. There was no

consistent implementation of legislation, with the result that quality practice in WACPUs remained challenging (Legal Assistance Centre, 2006c).

4.2.5 Coordination and planning

Concrete mechanisms and/or processes to facilitate coordination for enhanced cooperation among government ministries, funding bodies, UN agencies, NGOs and civil society with a view to enable and support concrete action to prevent and stop the sexual exploitation of children and adolescents are needed. This should be at national, regional and international levels in Namibia.

A child protection system is not only multi-level and multi-dimensional as described above. It is also multi-sectoral. This is why collaboration and coordination are critical elements of child protection systems (Child Frontiers, 2011; MGECW, 2012).

4.2.5.1 Effectiveness of coordination and planning

4.2.5.1.1 Coordination and partnership

Participants reported the existence of sound partnerships and networking amongst key government ministries, such as MGECW and MSS, as well as civil society organisations in Namibia. This is evident in membership of the Permanent Task Force for children, the National Child Care and Protection Committee coordinated

by the Ministry of Gender Equality and Child Welfare. This coordinating body meets once a quarter and all partners in child protection on regional and national levels report their activities and plans, and participate on this national platform. Similar to Namibia, Tanzania has a Multi-Sector Task Force to engage all stakeholders and to help in coordinating child protection services (Republic of Tanzania, 2013).

The literature reviewed shows that Namibia's Protection Model shares most similarities with Sierra Leone. Both are results of collaboration between police and child welfare ministries with a focus on investigation and care (MGECW, 2012). Swaziland like, Namibia, does not have a lead agency to coordinate the prevention and response to violence against children. Child protection efforts are fragmented and infrastructure inadequate (UNICEF, 2007).

Contrary to this, other participants reported that key ministries such as Gender Equality and Child Welfare, Safety and Security (NAMPOL), Justice, Health and Social Services and civil society organisations dealing with child protection were not well linked and coordinated. The study also found that currently there were no service agreements or memoranda of understanding to promote inter-sectoral coordination between the police, as the lead agency for WACPU, and other role players. Among these are the Ministries of Child Welfare, Ministry of Health and Social Services and Ministry of Justice. There were also no formal coordination mechanisms to link community-based structures to key ministries.

The National Coordinating Committee on WACPUs had not been functioning for the past three to four years. Unit management committees were operational in only 1 of the 13 regions. Child Care and Protection Forums were established in 6 regions but they mainly focused on orphans and vulnerable children, as well as on grants.

Literature shows that coordination between the ranges of actors in child protection is agency-centred and ill-prepared to build common strategies for systems (Barnett, 2008). Coordination between governments, civil society organisations, development partners and other stakeholders need strengthening. The Namibian Police Services, the justice system, social welfare services, medico-legal services and civil society need to be coordinated in a manner that will lead to the proper and expeditious management of the investigation and prosecution of child sexual offences (MGECW, 2006).

On the other hand, some participants pointed out that there was improved networking and partnership between MGECW, other key ministries and NGOs dealing with child protection issues. Partners met quarterly at the permanent task Force for Children and monthly at the National Child Care and Protection Committee. Both meetings were convened by the MGECW.

The study found that many civil society organisations were working in the area of case management in Namibia. The civil society organisations worked with several stakeholders at the district level to coordinate inter-agency working through case conferences, case referrals and case transfers as necessary. Organisations such as

Child Line/Life line, PEACE Centre, Philippi Trust Namibia, Legal Assistance Centre, and Friendly Haven Shelter were mentioned by participants.

This study confirms the findings of previous studies regarding the division of roles and responsibilities between the MoHSS and MGECW Social Workers that were ambiguous and did not always promote the best interests of vulnerable children. Six (6) out of the ten (10) practitioners interviewed agreed that they were not sure when to refer a case to the Ministry of Health and Social Services, and when it was a case for the MGECW. The children and their parents also spoke of a lack of clarity of the roles and responsibilities of different ministries. Key experts and parents interviewed clearly identified the importance of greater inter-sectoral collaboration in order to effect real change in the protection of children.

Participant 12 (Key government partner): *"Some front-line service providers would like more supervision and support that might best be provided through the design and introduction of a more comprehensive staff performance management system."*

Participants 3 (NGO): *"The government should bring all services/all role players under one roof."*

Participant 14 (Key government partner): *"Need to strengthen communication between key Ministries to better help children."*

Participant 14(Key government partner): *"Need to establish active functional child protection forums in all regions."*

Participant 1 (NGO): *"Need for more communication and accessibility of information between agencies."*

Participant 3 (NGO): *"Cumbersome bureaucratic procedures hinder professional duties."*

Participant 4 (NGO): *NGOs plays a very important role in child protection but are sidelined many times."*

Central-level mechanisms for planning and coordination are generally weak. There are still many issues-based committees, but little opportunity for long-term strategic planning with stakeholders (Interagency group, 2012; Save the Children UK, 2008). This is especially important for inter-sectoral planning and the delineation of responsibilities. Due to limitations in capacity and coordination, many decisions are made at ground level (UNICEF, 2010).

A coordinated system would lead to greater efficiency, improved service delivery, and would avoid duplication and overlap. Coordination would allow for the clarification of the roles and responsibilities of all those involved. The case management system should not be simply a project but a national strategy. A key ministry in government with commitment and drive should be directed by cabinet to

take a strong lead to ensure proper coordination and planning. This ministry should be allocated with adequate financial and human resources. A best practice in South Africa is the Thuthuzela Care Model where the National Prosecuting Authority takes the lead in protection cases and has a dedicated budget for the programme. All investigations are prosecutor-led and their conviction rate is very high (Dladla & Gabriels, 2010).

Experience from the Eastern and Southern African Region suggests that coordination remains a challenge that requires ongoing investment (WHO, 2002; MGECW, 2006; World Vision, 2011). Systems literature discusses acts of cooperation, coordination and collaboration as pivotal to the successful functioning of systems (Leischow, et al., 2008; Cohen, 2008; Ivery, 2007). Indeed, Meyer and Rowan (2007) argue that a lack of coordination between and within education structures and institutions results in resistance to change and a reverberating weakness in the education system overall. Horwath and Morrison (2007) elaborate the continuum of relationships that exists among child protection organisations from low-level cooperation to the highest levels of collaboration: coalition and service integration.

Protecting children effectively, according to World Vision (2011), requires a deliberate, coordinated effort on the part of all the actors. This is regardless of whether the actors are families, communities, states, NGOs or international organisations. Munro (2005) states that a system integrates the actions of families and children themselves, communities, formal and informal laws and practices, state

and non-state actors, in order to work together to protect children. It looks at all the actions needed to protect children along a continuum, from promotion to a safe environment for the child to prevention through to response and restorative services for children at risk of, or experiencing, violence, exploitation and abuse. When all parts of the system are established and function effectively and in a coordinated manner, children will be protected from abuse (Saba, 2007).

When a child protection system functions in the best interests of the child, adequate state and voluntary institutions, services and structures are put in place, backed by strong policies, laws and regulations.   The field of child protection also acknowledges the need for collaboration and cooperation among a wide range of actors at various levels in the child protection system (Allen Consulting Group, 2008; UNICEF, 2008; Save the Children, 2009; Inter-American Children's Institute, 2003). These actors range from the supranational (such as UNICEF) to nation, state, community, NGO, family and individual children. The relationships between these actors may be characterised by cooperative, as opposed to individual, action. Both formal and informal systems form an integral part of an effective, holistic child protection system.

4.2.5.2   The appropriateness of current National Agenda for Children

The United Nations Secretary-General's Study on Violence against Children (A/61/299), released in 2006, and in full alignment with the UNCRC, proposed a set of strategic recommendations for action to prevent and respond to violence against

children. This study recommends that a national strategy, policy or plan of action on violence against children with realistic and time-bound targets should be formulated. This should be coordinated by an agency with the capacity to involve multiple sectors in a broad-based implementation strategy.

The majority of the practitioners and development partners were well aware of the National Agenda for Children. Most of the participants interviewed were involved in the consultative process to develop the National Agenda for Children for the period 2012 till 2016. That included staff members from key ministries, development partners and NGOs. All were familiar with Commitment 5 in the agenda, which focuses specifically on the protection of children. The National Agenda for Children (2012 - 2016) is aligned with national as well as international commitments and planning tools, and is designed to be integrated into these for the purpose of strengthening the applicable national systems and processes (MGECW, 2012). The Agenda has 5 commitments. Commitment 5 shows the government's commitment to ensure that children in Namibia are protected from neglect, violence, abuse and exploitation (MGECW, 2012). This agenda is implemented through a partnership of government, civil society and the private sector. Together these documents form a vision for child protection in Namibia, and strongly signal the commitment of national government to work together across sectors for sustained change. This agenda is a call for action to put the constitutional mandate on the rights of children into implementable strategies. The agenda is anchored in five pillars namely: health and nourishment; early childhood development and schooling; HIV prevention, treatment, care and support; an adequate standard of

living and legal identity and protection against neglect and abuse. This strategic framework is devised to guide all sectors in Namibia towards fulfilling their obligation to ensure that all the rights of children are met.

One of the commitments in the National Agenda for Children 2012 - 2016 is that all children should be safe from neglect, violence, abuse and exploitation. The MGECW and Ministry of Safety and Security are supposed to jointly lead the implementation of the priority strategies jointly to strengthen integrated child protection, prevention and response services. These two ministries should strictly monitor the implementation of these priority strategies. The realisation of children's rights requires duty-bearers which include families, communities, government and civil society organisations to work together to fulfill these rights. The National Agenda for Children recognises the importance of family and parental responsibility for a child's upbringing and the community's role in supporting its families, with Government providing appropriate assistance (MGECW, 2012)**.** Malawi has a child protection strategy (2012 - 2016) to support national efforts to protect children from violence and exploitation (UNICEF, 2011).

4.2.6   Human and financial resources

The United Nations Secretary-General's Study on Violence against Children (A/61/299), released in 2006, and in full alignment with the UNCRC recommends that states should allocate adequate resources to address risk factors and prevent violence before it occurs. A Child Rights-based approach understands that children

offer the best understanding of their own situation; they have essential experience to offer participation, and they deserve to have their best interests met through adequate allocation of resources and the implementation of all the rights in the United Nations Convention on the Rights of the Child (UNICEF, 2007; Save the Children, 2009)

The establishment of the special Unit on Domestic Violence, Sexual Offences and Maintenance in the Office of the Prosecutor General that specifically focuses on child abuse cases and gender-based violence issues was mentioned as one of the strengths by participants in this study. However, according to literature, the shortage of human resources hampers the effectiveness of this unit and delays, postponements and low conviction rates are still major challenges, as was stated in the literature review (Muller & Hollely, 2000; Theron, 2005).

No full scale audit of physical resources at the WACPUs has been done, but there are clear indications that the ability to perform essential tasks is considerably restricted by the lack of hardware such as transportation and basic office equipment. Recent reports show that currently police officers do not have the facilities and materials needed to take proper care of children (LAC, 2012; MGEC, 2012).

Participant 18 (Key government expert): *"Most of our clients make use of cell phones but we have limited credit. How can we do follow up on cases if transport is also a problem?"*

Literature reiterates the need for adequate resources: governmental interest in, recognition of and commitment to child protection is an essential element for a protective environment (Save the Children, 2006). This includes ensuring that adequate resources are made available for child protection.

The shortage of social workers in the country is a major challenge and quality of services is compromised (LAC, 2006). Availability and accessibility of social workers are concerns, and need to be addressed as a matter of urgency, according to the Human Resources and Capacity Gap Analysis (MGECW, 2007).

Fundamentally, system accountability refers to mechanisms or operations designed to ensure that system goals are met. Accountability is mentioned equally as frequently in the literature as capacity (Brinkerhoff, 2004; Allen Consulting Group, 2008; Mansell, 2006; Save the Children, 2006; Ruger, 2006; Save the Children, 2009). Maintaining accountability is itself a key capacity (e.g., information has to be gathered, held onto in some fashion, and then interpreted). In particular, holding actors responsible for adhering to policies, procedures and standards is a key part of the accountability process (Save the Children, 2009). Brinkerhoff (2004), in his discussion of accountability in health systems, highlights three applications of accountability: financial accountability, performance accountability and political/democratic accountability. Each of these is relevant to child protection systems.

Financial accountability refers to "tracking and reporting on allocation, disbursement, and utilization of financial resources, using the tools of auditing, budgeting and accounting" (Brinkerhoff, 2004, p. 373). Performance accountability refers to "demonstrating and accounting for performance in light of agreed-upon performance targets" (Brinkerhoff, 2004, p. 374). Related to both of these, yet more difficult to operationalise, is what Brinkerhoff (2004) calls political/democratic accountability, which "has to do with ensuring that government delivers on electoral promises, fulfills the public trust, aggregates and represents citizens' interests, and responds to ongoing and emerging societal needs and concerns" (p. 374). In many ways, it is the application of accountability that is most closely aligned with the overarching rights framework within which the current international discussion of child protection systems is situated.

Despite the huge child welfare, protection and prevention needs, both financial and human resources in Namibia reflect a lack of prioritisation by the government. There is also a decline in donor funding from the international community. An accurate costing and capacity development plan is required to achieve the goals set out in National Agenda for Children and Child Care and Protection Act.

4.2.6.1 An allocated budget for child protection

A Child Rights-based approach understands that children offer the best understanding of their own situation. They have essential experience to offer participation and they deserve to have their best interests met through adequate

allocation of resources and implementation of all the rights in the United Nations Convention on the Rights of the Child (UNICEF, 2007; Save the Children, 2009).

This study and other national reports found that there was no dedicated budget for child protection services on which the various service providers could draw. Low levels of funding result in a lack of properly qualified professionals. Unqualified and poorly remunerated staff is widely recognised as a key factor linked to violence within institutions. Under-staffing is a serious problem in most of the countries which participated in the UN Study on Violence against Children. This includes Namibia (United Nations, 2006) The continued commitment of human and financial resources to a broad and systematic framework to reduce and respond to violence against children, integrated into national policies is needed (UNICEF, 2008). Staff members in key ministries are struggling with inadequate resources, personnel, training and debriefing which inhibit effective policy implementation. A study by UNICEF (2010) reveals that over the years the share of child protection in the overall budget for children has seen a decline. Child protection is an overarching issue, which if not covered, will affect each and every right of children. The meagre financial resources invested in child protection translate into serious gaps in child protection measures and programmes. A best practice in South Africa is the Thuthuzela Care Model where the National Prosecuting Authority takes the lead in protection cases and has a dedicated budget for the programme (Dladla & Gabriels, 2013). The Malawian Child Protection Programme (UNICEF, 2011) focuses its technical and financial resources on assisting the government in drawing together its various responses to child protection into an operational National Child Protection

System. This is a priority in the Malawi Growth and Development Strategy (2012 - 2016) and the United Nations Development Assistance Framework (2012 - 2016).

The researcher is of the opinion that the bulk of the government's budget for children goes into social grants and a very small percentage is allocated for protection services. All practitioners working for the government ministries underlined the fact that there were inadequate financial resources and not one national budget for child protection but instead several smaller budgets in different ministries. The majority of the participants (24 out of 30) stressed the need for adequate resources for practitioners to effectively deliver services to abused children and their families effectively. The literature reviewed showed two centres that were financed through various forms of private-public partnerships. The Kenyan Model, according to Wessels, Kostelny and Ondoro (2014), and the UK Client Centre Model are more akin to rape crisis centres, offering a one-stop-centre, with multi-sector services to survivors. Although both these models recognise the importance of criminal investigations and prosecutions, they also emphasise the clients' rights to choose and prioritise their emotional and health needs.

4.2.6.2   Participants' responses in relation to financial resources

Participant 10 (Development partner): *"WACPUs need to have a dedicated budget for child protection programs."*

Participant 1 (NGO): *"Budgets are donor driven and donor interest prevails."*

Participant 10 (Development partner): *"Budgets codes are broad OVC budgets; child protection is part of general budget and definitely not adequate."*

Participant 10 (Development partner): *"The lack of money is not the biggest problem; it is a matter of how we plan and coordinate."*

Participant 1 (NGO): *"Budgets are donor driven and donor interest prevails."*

Participant 17(Key government partner): *"Police Head Quarters should prioritize budget for child protection services."*

Participant 18 (Key government partner): *"We have to cope with the bare minimum. Some of the furniture we use was donated in 1996 and is in a very bad condition."*

Participant 21 (Key government partner): *"We are expected to work with no internet facilities and limited credit to call."*

When one considers the aforementioned, it is true that continuous commitment of human and financial resources to reduce and respond to violence against children is essential for an integrated child protection system. The lack of resources is a frequently heard argument for the failure of implementation. The question arises as to whether insufficient resources are the source of the problem or whether it is a

matter of political priority. Although children's rights have enjoyed more attention in recent years, a certain degree of indifference remains. The allocation of sufficient resources remains a key issue in need of urgent attention.

4.2.6.3   Screening of staff

The study revealed that there were no screening procedures or background checks for new appointments at the WACPUs as had been the practice some years ago. Any member could ask for a transfer to or from the units. One participant narrated how police officers who did not want to work shifts at the ordinary police station requested to be transferred to WACPU. The researcher's experience is that the work at WACPU is specialised and not all people can cope with the nature of cases that can be emotionally taxing. Some professionals cannot cope with the nature and magnitude of the cases and need to be transferred again. This leads to high staff turnover because of burn out and stress. The researcher knows of a case where an NGO dealing with children in conflict with the law appointed a sexual offender who was just released from prison. The literature review emphasised the importance of a standard screening process in the standards and guidelines training handbook for foster care services in Namibia (Bromfield & Holzer, 2008; MGECW, 2010; Dladla & Gabriels, 2010). Working with child survivors of abuse and exploitation is a specialised field which requires qualified, experienced staff with specialised skills. Background checks are vital to ensure maximum safety and the wellbeing of children. Recruiting staff with the appropriate background is the foundation to a good model of child protection. Sound, basic training that is skill-based is critical.

Regular supervision focused on reflective practice, along with coaching and mentoring, is of utmost importance. The core to effective child protection service delivery is the effective supervision of all staff. Frontline workers need the right institutional structures and support. The child protection system will benefit from specific attention paid to qualified, supported and supervised staff. The child protection sector has a long history of putting staff last, dealing with financial restraints and, therefore, offering low salaries. As such they accept inexperienced staff.

4.2.6.4   Main constraints regarding human resources

Therapeutic services, such as debriefing, counselling, play therapy and family therapy, are ways to assist and guide the child and parents through the healing process and give them coping mechanisms. This study found that social workers were currently juggling multiple, and sometimes conflicting, tasks, and lacked guidance as to which tasks they should priorities because of a shortage of staff. The 3 social workers interviewed in this study admitted that they could not do proper follow-up and after care services, and that they mostly focused on crisis intervention.

Quality services to children depend on the availability of qualified, trained and experienced staff. The capacity of qualified social workers, medical doctors, prosecutors and magistrates are at a very low level in Namibia. This study found that there was a huge shortage of human resources. The practitioners interviewed

were concerned about many conflicting tasks and the lack of trained staff. This finding is in line with what is stated in the Secretary General's Study on Violence against Children (Pinheiro, 2006).

Other participants reported that government excluded civil society organisations. It is the experience of the researcher that in most cases there are civil society organisations which dispense assistance to children in need of care. These organisations are sometimes the first to become aware of a potentially harmful situation, for example, where a child does not receive adequate parental care. However, the help and provisions offered by these organisations are mostly funded by irregular or time-bound donations or financial aid by development partners; an adequate level of care is therefore not guaranteed.

Participant 4 (NGO): *"Specialization is not an option in Namibia and children are the ones suffering."*

Participant 19 (Key government partner): *"Medicals doctors make it a habit to be late to attend to cases at WACPU or simply tell clients to come back the next day."*

According to Munro (2005), the systems approach aims to address a number of factors that compromise effective child protection in sub-Saharan Africa and seeks to understand, define and apply the principle of the best interest of the child. This approach promotes the adoption of a child-centred approach, and coordinates, engages and builds the capacity of a wide range of actors.

Kreston (2007) states that there is a difference between therapeutic services and forensic work with the child. A forensic assessment is necessary to assess the child as a potential witness. The aim of the forensic assessment is to gather information regarding the impact of the alleged crime on the child's emotional and physical state. The forensic part is neglected, owing to the shortage of social workers and also a lack of specialised training.

One of the weakest aspects of the criminal justice system's response pertains to the collection and use of medical evidence, which is crucial in obtaining convictions (LAC, 2006). Too much focus is placed on the medical evidence and therapeutic services, such as counselling, are neglected. The literature review also shows that the primacy given to forensic medical evidence in sexual and domestic violence cases means that clients are frequently referred for psychosocial support and counselling at a late stage in the continuum of care, if at all.

Organisations, such as Child line/Life line, PEACE Centre, Legal Assistance Centre and Friendly Haven Shelter, have specific child protection components and serve on all the committees and technical working groups established by MGECW.

That there is a definite place for civil society organisations in the child protection system has been found by the Secretary General's Study on Violence against Children (Pinheiro, 2006). These organisations are engaged not just in service delivery, but also in advocacy, analysis of policy and practice and the development

of specialist strategies for addressing hard-to-reach groups. Civil society organisations also identify children and households in need, and facilitate holistic, community support. Civil society organisations are effective in advocating for policy changes and in holding service providers accountable for the effective implementations of their programmes (MGECW, 2011). This study shows that partnership and networking between the MGECW and the NGO has improved over the last couple of years.

The scarcity of adequately trained staff forms an insurmountable obstacle to the implementation of existing laws, and hinders effective service delivery. Quality services to children depend on the availability of qualified, trained and experienced staff. All professionals need specialised training on child protection issues.

4.2.7 Capacity and training

The United Nations Secretary General's Study on Violence against Children (2006) recommends that the capacity to eliminate all violence against children of all those who work with, and for, children must be developed. Initial and in-service training which imparts knowledge and respect for children's rights should be provided. States should invest in systematic education and training programmes both for professionals and non-professionals who work with or for children and families to prevent, detect, and respond to, violence against children. Codes of conduct and clear standards of practice, incorporating the prohibition and rejection of all forms of violence, should be formulated and implemented.

4.2.7.1   Capacity of staff

Participants narrated how protection services required skilled, sensitive staff, equipped with knowledge of child rights and standards of care and protection. The capacity of all those in contact with children requires strengthening on a continuing basis. This includes families and communities. This study also shows that child welfare and the police force have no appropriate specialist staff to carry their mandate for handling cases involving children. Officers at WACPU stated that they were in need of professional in-serve training and personal support due to the emotional taxing nature of their work.

Participant 17 (key government expert): *"Access to justice for children whose rights have been violated and who have experienced violence is hampered by the huge shortage of public prosecutors and magistrates in the country".*

Another finding is that there was no standard induction training for new staff recruits who joined the WACPU which could provide them with sufficient skills to handle cases involving children. Staff members from different disciplines received generic training at university level and attended short courses on child protection and working with children. The special unit for domestic violence, sexual offences and maintenance was established but there were no designated, trained staff to deal specifically with cases involving children. The result is that cases involving children are not expedited or given priority over those involving adults.

The study also revealed that there were too few trained doctors to undertake the necessary forensic medical examinations for clients who had been subjected to sexual and domestic violence. Furthermore, the current J88 medical forms require revision. At the same time the forensic medical examination is important but not essential if additional evidence for criminal prosecution is to be gathered. The medical doctors interviewed narrated how they were forced to prioritise between patients with life-threatening conditions and survivors of sexual offences since there were not adequate personnel to specialise. Only 3 child witness officers are trained and appointed in 3 regions by the Legal Assistance Centre. Children in other regions are not able to participate effectively in court proceedings and to fully express their views.

Capacity refers to the facilities, material resources, skilled personnel and funding needed to operate the system. These capacities have to be allocated in relation to the purpose of the system. Arguably, the extent to which a system is able to achieve its goals is more heavily dependent on capacity than on any other factor (World Vision, 2010). Adequate staffing levels and the qualifications of staff across the spectrum are fundamental to quality service delivery. Ongoing staff supervision, mentoring and support to all front line workers are paramount to the success of any child protection system. Recruiting staff that possess the relevant professional qualifications and experience provides a solid foundation for building a skilled and competent child protection workforce (Barton & Welbourne, 2005; Jones & Galop, 2003).

Ward (2007) argues that parents, health workers, teachers, police, social workers and many others, who care for and live, deal and work with children need to be equipped with the skills, knowledge, authority and motivation to identify and respond to child protection problems. There are other broader types of capacity that relate to the protective environment. This includes the provision of education and safe areas for play (UNICEF, 2004; Bromfield & Holzer, 2008; Child Frontiers, 2010).

Dupree and Hardy (2013) note that The Queensland Child Protection System pays specific attention to qualified support staff to navigate the complex systems for responding to violence against children. All Australian jurisdictions (Bromfield & Holzer, 2008) have implemented various mechanisms, both formal and informal, to enhance the capacity of government and non-government agents to work collaboratively to enhance child outcomes. Sub-national coordination mechanisms built around child protection committees, or the equivalent, are rolling out in countries such as Benin, Burkina Faso, the Democratic Republic of Kongo, Kenya, Tanzania and Uganda. Human resource gap analyses have been conducted in some countries to inform the strengthening workforce. Evidence, data and information are being collected on a number of thematic areas, such as violence against children. Child protection issues are serving as entry points for broader system strengthening, such as alternative care in Ethiopia, Ghana and Rwanda (African Child Policy Forum, 2013).

According to Bennet and Eichler (2006), children need information and knowledge to be equipped to protect themselves. If children are unaware of their right not to be abused, or are not warned of the dangers of, for example, trafficking, they are more vulnerable to abuse. Children also need to be provided with safe and protective channels for participation and self-expression (UNICEF, 2007; Interagency Group, 2012). Where children have no opportunities for participation, they are more likely to become involved in crime or other dangerous or harmful activities (Wagstaff, 2009; UNICEF, 2004). Professionals providing services to children are competent and bound by professional standards and children's views are taken into account (Ward, 2007).

The child protection system, according to Child Frontiers (2010), has to maintain a level of capacity commensurate with what the system requires. Capacity refers to human resources, funding and infrastructure.

Child protection relies on people and organisations properly equipped to carry out the work (UNICEF, 2010). Other basic principles for child protection include holistic approaches, coordination of responses, services and staffing; community-based mechanisms; national law, standards for services and independent inspection; qualified and competent staff (UNICEF EAPRO, 2009). It was found in the Secretary General's Study on Violence against Children that the capacity of qualified, trained social workers, medical doctors, prosecutors and magistrates was at a very low level in Namibia (Pinheiro, 2006).

Participant 3 (NGO): *"Police officers are not knowledgeable on how to interview children and all intervention is based on evidence for the court case."*

Participant 3 (NGO): *Health professionals are not sensitized or trained on trauma aspect and need specialized training."*

Participant 3 (NGO): *"Service providers are trained at different Universities and are not well versed with Namibian legislation and policies."*

Participant 5 (NGO): *"Training curriculum for police officers should be revised."*

Participant 29 (Child): *"The prosecutor was not satisfied with the statement taken in 2007 and asked the police officer to take an additional statement in 2010."*

Participant 21 Child): *"A few front line service providers say they need skills training or capacity development, although more exposure to client-centered approaches is emphasise."*

Participant 11 (Key government partner): *"All disciplines need specialized training on how to work with children."*

Participant 14 (Key government partner): *"Police should get intensive training on statement taking."*

Participant 11 (Key government partner): *"Need to have devoted medical doctors only dealing with WACPU cases."*

Participant 17 (Key government partner): *"Doctors should be readily available."*

Participant 14 (Key government partner): *"Need more social workers at WACPUs."*

Participant 20 (Key government partner): *"The basic police training are definitely not adequate to handle complex cases of child abuse."*

A substantial part of financial resources should be allocated to the training and capacity-building of all the professionals and organisations which play key roles in the child protection system. This includes community workers. Levels of staffing should ensure adequate supervision and oversight to prevent burn-out and a subsequent high staff turnover. The government should also review/re-grade the salaries of professionals and look into alternative ways to retain qualified and experienced staff.

4.2.8   Services

The United Nations Secretary General's Study on Violence against Children (2006) recommends that States provide accessible, child-sensitive and universal health and social services. This includes pre-hospital and emergency care, legal assistance to

children and, where appropriate, their families when violence is detected or disclosed. Health, criminal justice and social service systems should be designed to meet the special needs of children. States should actively engage with children and respect their views in all aspects of prevention, response and the monitoring of violence against them, taking into account Article 12 of the Convention on the Rights of the Child. Children's organisations and child-led initiatives to address violence, guided by the best interests of the child, should be supported and encouraged.

4.2.8.1 Privacy and confidentiality

The United Nations Secretary General's Study on Violence against Children (2006) recommends that States should establish safe, well-publicised, confidential and accessible mechanisms for children, their representatives and others to report violence against children. All children, including those in care and justice institutions, should be aware of the existence of mechanisms of complaint. Mechanisms such as telephone help lines through which children can report violence, speak to a trained counsellor in confidence and ask for support and advice, should be established, and the creation of other ways of reporting violence through new technologies should be considered.

The Integrated Child Protection System is based on the cardinal principles of protection of child rights and the best interests of the child. It aims to cover all child protection issues and provide child-friendly services at all levels (Save the Children

UK, 2006). Contrary to this, in Namibia, some specialised services for children such as the child-friendly court facilities, shelters and Woman and Child Protection Units are localised and only offered in regional towns (MGECW, 2006; Ruppel, 2009).

Participants interviewed felt that the general needs of survivors of abuse were safety, treatment with empathy, respect and dignity. Information must be practical, easy to understand and on the child's level. Services should be age, developmentally and culturally appropriate. This is echoed in a report by the National Prosecuting Authority of South Africa (2002). Parents interviewed reported how they had to tell their story at the reception in the presence of other clients and staff members. A shelter manager voiced similar concerns that cases of clients were not handled in a confidential, professional manner. The researcher's experience is that office space for WACPU staff is a major challenge and professionals are forced to share offices. There are no separate waiting facilities at courts and children and their parents wait in the corridors.

Children need emotional replenishment, including psycho-social support, which requires competent, trained staff that are able to refer to a range of services as necessary (Save the Children, 2008). According to the Namibia National Gender Action Plan (2013), ineffective implementation and inconsistent criminal enforcement remain significant barriers to protecting Namibian women and children from all forms of gender-based violence (MGECW, 2013).

Participant 1 (NGO): *"The same system that should protect children, traumatize them further. You wait forever for the doctor just to be told come back tomorrow".*

The best interest of the child should apply, according to the National Agenda for Children (2012 - 2016). Children are unique individuals requiring an individualised approach. Therefore, services should be child-friendly and gender-sensitive because children are different from adults; boys are different from girls. Service providers should always practise non-discrimination, and should understand and expand choices available to children to empower them (MGECW, 2007). Ward (2007) notes that protection and adequate care can only be provided in an environment which promotes and protects all rights. These rights are especially the right not to be separated from good nurturing parents, the right to privacy, the right to be protected from violence, the right to special protection and assistance by the state, the rights of children with disabilities, the right to health, the right to social security, which includes social insurance, the right to education and leisure, the right to be protected from economic exploitation, from illicit use of narcotic drugs and from sexual exploitation, the right to be protected from abduction, sale and trafficking as well as torture or other cruel, inhuman or degrading treatment or punishment, and the right to physical and psychological recovery and social reintegration (WHO, 2002; UNICEF, 2007; Save the Children UK, 2008). The cyclical nature of child protection impact enables the development of resilience in children who know where to seek assistance. Statutory responses to reported cases of child abuse are more effective and efficient. Children and their families receive long term support

and much needed aftercare. All these services and interventions enable, prevent, respond and rehabilitate abused children (World Vision, 2011).

An effective national and community-based child protection system with clear roles and responsibilities, and good links with available resources, ensures law enforcement professionals, social workers, health professionals and other key workers. It has procedures in place in hospitals, police stations, social welfare offices and other relevant bodies, which can ensure professional and immediate handling of children who have been abused. Health staff need to be trained to think of and sensitively explore the possibility of sexual abuse and exploitation when faced with puzzling and unusual symptoms. The same applies to protection staff who need to be skilled in integrating child participating into their programmes in a meaningful and ethical way (UNICEF, 2010; Dladla & Gabriels, 2010; Republic of Tanzania, 2013).

Quality services for children depend on the availability of qualified, trained and experienced staff. General needs of survivors of abuse are safety, to be treated with empathy, respect and dignity and confidentiality.

4.2.8.2　The availability of child-friendly services

Children need to have access to services, and if they require such services, these should be child-friendly (Ward, 2007). Stakeholders reported long waiting periods for medical examinations, the absence of timely response by the police, lack of

privacy and confidentiality, communication barriers and, sometimes, unfriendly or unhelpful staff. Child-friendly courts are only in Windhoek and Swakopmund. The majority of Namibian children, therefore, do not have access to child-friendly court facilities. Practitioners using these courts reported problems with the audio equipment that hampered the effectiveness of the services to minor children and other vulnerable witnesses. The special measures and arrangements provided for in Namibian legislation were not applied in all cases involving children. Findings regarding the child-friendliness of services concur with previous studies that client-centred approaches were not yet well understood nor were they routinely applied by service providers (MGECW, 2012)

General expectations of role players are to treat child victims with compassion, respect, dignity and fairness, to be aware of the social context in which child abuse occurs and to ensure that the child receives holistic support by referring the child to other support service providers (MGECW, 2006). Professionals put too much weight on forensic medical evidence and too little emphasis on therapeutic services for children (Kreston, 2007). Child-friendly courts are used at the discretion of the prosecutor and are not automatically available to all children in the system (Theron, 2005).

Participant 19 (Key government partner): *"Medicals doctors make it a habit to be late to attend to cases at WACPU or simply tell clients to come back the next day."*

Participant 23 (parent): *"The WACPU in Katutura is dirty and a dirty place is the last thing you want to experience when you are already traumatized. You judge a book by its cover."*

Participant 23 (parent): *"I think we got the wrong people at WACPU,–If you go to a place you look for someone you can relate to , the people at reception show no passion, even by the way they greet and first impressions count."*

Participant 23 (parent): *"My daughter, 8yrs old was supposed to testify 10h00 at the high court, due to the audio equipment that was out of order she only testified 14h30 after the equipment was fixed. She testified for an hour and a half and the judge allowed inappropriate, irrelevant questions."*

Participant 23 (parent*): "I was on stand for 4 full days and they pulled my reputation in pieces, I felt I was the one on trial."*

Participant 24 (Child): *"We reported the case on 26 December 2004; the accused was arrested only one year after the case was reported although he was well known as a rapist with criminal records for previous rape cases. The case appeared in court 5 yrs after it was reported and the accused was found not guilty due to mistakes made by the police when arranging the identity parade."*

Participant 27 (Parent): *"I was very impressed with the prosecutor, the case was reported 10 January 2011 and the first court appearance was 11 October 2011 – My daughter was prepared by a child witness officer who did an excellent job."*

Participant 28 (Child) *"I found it very helpful when the female police accompanied us to the hospital and waited with us till my child was seen by the doctor. My child was also seen twice by the social worker and they were all very nice."*

Participant 4 (NGO): *"Social workers at WACPU are not sensitive enough; they are prescriptive and judgmental, telling clients what to do. One social worker told a teenage girl that she better go for an abortion since she will not be in a position to take care of the baby."*

Due to a lack of resources allocated to WACPUs, service provision remains extremely weak in Namibia, particularly in constituencies and villages. Prevention initiatives and services have not been prioritised. The focus has been on responding to children who have already suffered abuse and exploitation. The provision of child-friendly legal, medical and psychological services and disaggregated data collection capable of monitoring the prevalence of violence against children, should receive attention (United Nations, 2006). Despite the establishment of these specialised police units, children still suffer and experience secondary trauma due to insensitive questioning by police officers who lack training and competence (MGECW, 2012).

Access to emergency and follow-up medical treatment and care is perhaps one of the most important immediate services needed by children who are victims of violence (Kreston, 2007). New systems should promote the quality and timeliness of care and treatment for children.

The quality of care that children receive, as well as the responsiveness and dignity with which they are treated by health workers, is of paramount importance; however, studies done by LAC (2012) and MGECW (2012) revealed long waiting periods after the reporting of sexual assault cases as well as incomplete sexual offences kits administered by medical doctors. The prosecutors decided to use their own discretion when to make use of the existing child-friendly court facilities. This also depended on the experience and skills of the specific prosecutor (Theron, 2005). The MoE has the responsibility to ensure a safe and child-friendly environment in all educational settings (Burton, Leoschut & Popovac, 2011).

Lonne, Parton, Thomson and Harries (2009) agree that some of the key challenges facing our child protection systems include the need for a renewed focus on children and family well-being rather than on investigation and surveillance; a return to relationship-based practice and genuine partnerships with children and parents; accessible and integrated programmes and services that are embedded within neighbourhoods and communities; child and family informed practice; a long term focus on outcomes for children, families and communities over time. Government services currently tend to focus on providing response to victims, but are unable to provide long-term care and protection options for children. A clearer series of

support services to ensure the longer-term care, recovery and protection are required.

Munro (2005) argues that the process of care also incorporates assessment strategies, case planning, treatment and follow up, with the specific processes shaped by whether the underlying services are promotion, prevention or response. Therefore, child protection implies that there are multi-disciplinary measures undertaken to guarantee the survival and acceptable development of children in respect to their rights. Child protection is not a uniquely preventative action; it is also an action focused on the provision of services until the child is no longer at risk (Pinheiro, 2006; Save the Children UK, 2008).

Continued and increased efforts to educate and sensitise all the stakeholders in the criminal justice system are needed to improve services to children and their families. Ongoing in-service training and proper supervision of the multi-disciplinary team can most effectively advance the best interests of the child.

This approach also aims to promote the right to child protection, through the raising of knowledge and awareness. It also aims at increasing access to protection measures and contributing to the prevention of violence, abuse, neglect and exploitation, through early identification and intervention and by building the resilience of children, families and communities, as well as to respond to appropriate services (Mizikaci, 2006; Pinheiro, 2006; Ward, 2007).

4.2.8.3   Language barriers

Participants in this study elaborated on how communication barriers hampered effective service delivery. Children need practical information and support as they move through the system, and this information must be presented in a language regarding the justice system and alternative measures that is clearly understood by them. Professionals such as prosecutors, magistrates and police officers have received no formal training in child development, and have unrealistic expectations of children when taking statements or when leading evidence in court. An understanding of language development of a child is vital for conducting successful interviews with children (Muller & Hollely, 2009; Theron, 2005). Service providers should be trained in the developmental stages of a child to serve children in need better.

Some of the participants' views as indicated below revealed the importance of language in child protection service provision.

Participant 31 (Child): *"I had to give my statement twice, and they asked my mom to write her own statement at home because of the language issue."*

Participant 27 (Parent): *"The English of the police officer was so bad that my daughter who was 15yrs at the time gave her statement 3 times."*

Participant 23 (Parent*): "When you need help you definitely want to express yourself in your mother tongue."*

An understanding of language development in a child is vital for conducting successful interviews with children.

4.2.8.4   Update on progress of the case

Another prominent issue in this study was service providers, especially police officers and prosecutors, who failed to inform clients of the progress of the criminal cases. One of the parents narrated how he was not informed about the bail of the accused and the negative impact it had on his daughter who saw the accused at a local food store a few days after he had been arrested. Participants expressed the need for regular updates on the progress of the cases and that their views on bail conditions should be considered. A study by the Legal Assistance Centre (2006) revealed the same. The researcher's experience is that the Combating of Rape Act makes provision for complainants to give input and reasons why they oppose bail before bail is granted to the accused.

Participant 22 (Parent): *"Nobody came back to us to inform us about the case; we had to make many calls to find out from the police."*

Participant 25 (Child): *"We reported the case 13 August 2011 and until today (September 2011) nobody came back to us to say what is going on."*

Participant 29 (Child): *"I went week after week to find out who exactly is working on the case, because nobody came back to us, I am currently after 4 yrs still not sure who the investigating officer is because every day it is a different person."*

A major need for child survivors of abuse and their parents is safety and that they should be updated on the progress of the case. Information about the whereabouts of the accused person and the progress of the police investigation of the criminal case is of vital importance to them. Children need to be supported throughout the process from the pre-trial through to the post-trial stage.

4.2.8.5   The need for a national referral system

The study found that a draft National Referral Flow Chart with an accompanying brochure was developed during May 2012 by the MGECW in collaboration with key Ministries (such as health, education, safety and security and justice) and stakeholders from civil society organisations. The MGECW in close collaboration with the tasks, team-trained all stakeholders on the Referral Flow Chart before it was distributed to stakeholders and the public in all regions.

Evidence from the participants suggested that relatively few vulnerable adults and children were accessing the services they needed and that some never entered the continuum of care provided through WACPU services because the abuse or maltreatment they were suffering went unreported. This study found that due to a lack of guidance and a shortage of staff, agencies did not respond promptly to

referrals and there was no proper follow-up of after referrals. Child abuse cases were not placed on a priority list for investigation or intervention since there was no formal system of intra-agency referrals. This may lead to procedural delays and failure to place the child's needs at the centre. Many of the participants expressed their disappointment about how they were never referred to a social worker for services.

Child protection includes engaging with justice systems, police, health systems, education, economic and child welfare systems (Dupree & Hardy, 2013). The quality of joint work between the child protection system and these other systems is central to the effectiveness of the child protection system, since these other systems also provide services to children that directly influence their protection. A central mechanism for joint work is effective referral and the follow-up of individual cases between systems. The Assessment of the Protection Services in 5 regions (MGECW, 2006) conducted by this Ministry made recommendations to improve service delivery. One of the recommendations was to develop a referral protocol. The National Protection Referral Flow Chart had been developed through a collaboration of key agencies to improve referrals and service delivery (MGECW, 2012). This flow chart was widely distributed and service providers were trained on how to use it. In the absence of national referral protocols the most appropriate sequencing of services for clients and providers is unclear (MGECW, 2012).

Participant 31(Child): *"I was not informed that there are social workers at WACPU and was never referred to one. I later went to a private social worker before the court case who assisted me, but my parents had to pay."*

Participant 24 (Child): *"I was never seen by a social worker; the social workers should be involved from the beginning."*

Participant 22 (Child): '*Social workers need to be the first point of contact, not the police"*.

Participant 24 (Child): *"I was 12 yrs when the rape was reported, but was never referred to a social worker and thus never received counselling."*

A major need for child survivors of abuse and their parents is safety. Information on the whereabouts of the accused person and the progress of police investigation of the criminal case is of vital importance to them. A step-by-step process is necessary to ensure that individuals who are referred to the case management system receive all of the necessary support until case closure.

4.2.8.6   Child protection in emergencies

All participants understood the importance of a child protection system in emergencies but these services were non-existent. The Office of the President held several workshops to allow ministries to develop contingency plans for emergencies

in general. UNICEF provides child-friendly packages through the MGECW during emergencies, and social workers of the MGECW deliver services as the need arises. The Office of the President seems to be nationally responsible for emergencies and coordinates services during emergencies but mostly provides material support. Two (2) development partners interviewed felt strongly that social workers should be more involved in preventing abuse and exploitation in camps during natural disasters such as floods and other natural disasters.

Namibian children have been exposed to emergencies such as floods and droughts in recent years. Key ministries and civil society organisations should be proactive and not reactive in emergency situations. Children's needs during emergencies are much broader than shelter, food and clothing.

4.2.8.7 Time period from report of case until finalisation

The majority of participants related scenarios of long waiting periods for services and multiple delays and postponements of court cases involving children. Parents and children gave various reports on delays and postponements and insensitive treatment during the court proceedings. It is the experience of the researcher that special measures and arrangements provided for in the legislation are not always applied.

A study on the Operations of the Combating of Rape Act by the Legal Assistance Centre (2006) revealed similar findings. Literature shows that magistrates should

control the court room in a way that will minimise added trauma to the vulnerable witness. This includes special measures and arrangements to ensure the survivor is treated with respect and dignity (MGECW, 2007). Munro (2011) notes that inspectors should not only focus on timeliness but should also render quality and effective services to children (Dladla & Gabriels, 2010). The Queensland Child Protection System ensures that families receive services at the right time, preferably as early as possible. Options for support are available. Emphasis is placed on public education through media and other public paradigms such as schools, hospitals and community organisations (Dupree & Hardy, 2013).

Participant 21 (Key government expert): *"I know of a case that took 9 years before it went to court."*

Participant 24 (Child): *"I cannot take the delays and postponements at court. There were already 3 prosecutors and 4 defense lawyers and I cannot even remember how many magistrates involved. So far the case appeared more than 8 times and is still not finalized".*

Participant 27 (Parent): *"My employer is tired of this case and does not believe me anymore. We cannot move on with our lives."*

Participant 24 (Child): *"The postponements were too much. Court cases should be finalized in 3 months where children are involved."*

Participant 24 (Child): *"I testified after 5 years in the high court and missed 3 school days because the audio equipment was problematic and the questions by the lawyer were difficult and confusing."*

Children experience secondary trauma at the hands of professionals who need to assist them with their initial trauma of abuse or exploitation (Dladla & Gabriels, 2010). Children and their parents lose trust in the system and that trust needs to be restored (Theron, 2005).

4.2.9   Information management system

The United Nations Secretary General's Study on Violence against Children recommends that States improve data collection and information systems in order to identify vulnerable sub-groups, inform policy and programming at all levels, and track progress towards the goal of preventing violence against children. States should use national indicators based on internationally agreed standards, and ensure that data are compiled, analysed and disseminated to monitor progress over time. Where not currently in place, birth, death and marriage data registries with full national coverage should be created and maintained.

States should also create and maintain data on children without parental care and on children in the criminal justice system. Data should be disaggregated by sex, age, urban/rural, household and family characteristics, education and ethnicity. States should also develop a national research agenda on violence against children across

settings where violence occurs. This includes interview studies with children and parents, with particular attention to vulnerable groups of girls and boys. Australia has developed sophisticated electronic information systems for enhancing and monitoring practice consistency and quality services. Australia puts much emphasis on the recruitment and retention of skilled workforce (Bromfield & Holzer, 2008).

4.2.9.1 Child protection information management systems and linkages

Data on child abuse, exploitation and maltreatment are scattered among various government ministries. The ways of recording data on children also tend to vary between these institutions, making comparisons and analysis more difficult. Key ministries collect data on a monthly basis, but do not share or link these data with other stakeholders. These data are not disaggregated enough and are sometimes difficult to interpret. Each ministry or civil society organisation has its own format and some still record data manually. These data systems are not centralised.

Although a great deal of useful research on violence against children has been done, there is still a gap in the regular collection of detailed, accessible information about children by police, courts and other agencies. The study revealed that Government was already in the process of improving its data collection and compilation, and would continue to endeavour to ensure that relevant information was collected and made freely and regularly available to all stakeholders. This study found that only Child line/Life line had a database that was linked to the Child Helpline

International. It is a lengthy process to request statistics from the key ministries and data are not readily available and sometimes not reliable.

Child protection systems refer to mechanisms which include channels for collecting, collating and disseminating data on child abuse which are in the child's best interests (UNICEF, 2006). A strong interest in information management, monitoring and evaluation suggests the interest in data-driven programming. Child protection system strengthening will become more meaningful, effective and evidence-based when mapping and strategies are in place to inform priorities and support piloting (UNICEF, 2007; UNICEF, 2010).

A National Study on Violence against Children in Tanzania (UNICEF, 2008) states that the lack of sufficient and reliable data contributes to the inability of key ministries, agencies and organisations interested in preventing violence against children to make informed programmatic and policy decisions. Bromfield and Holzer (2008) assert that a protective environment for children requires an effective monitoring system that records the incidence and nature of child protection abuses and allows for informed and strategic responses. Such systems can be more effective where they are participatory and locally based. It is the responsibility of government to make sure that every country and even every region knows the situation of its children with regard to violence, abuse and exploitation (UNICEF, 2004).

No country can measure its progress towards the elimination of violence against children without reliable data. Key ministries and civil society organisations will be in a better position to solicit funding with reliable information. Regular and reliable statistics are necessary to inform planning, policy and personnel needs.

4.2.9.2   Access to complaints mechanism

The study found that most of the key ministries did not have a complaint system for children in place. The Ministry of Safety and Security had a complaints and discipline section, but the public were not aware of it. Life line/Child Line and Friendly Haven Shelter for abused women and children had client satisfaction forms to be completed by clients. The Legal Assistance Centre also requested clients randomly to complete a client satisfaction form.

An effective national and community-based child protection system with clear roles and responsibilities and good links with available resources, ensures law enforcement professionals, social workers, health professionals and other key workers (UNICEF, 2007). It has procedures in place such as hospitals, police stations, social welfare offices and other relevant bodies, which can ensure a professional and immediate handling of children who have been abused. Dladla and Gabriels (2010) suggest that health staff need to be trained to think of and sensitively explore the possibility of sexual abuse and exploitation when faced with puzzling and unusual symptoms. The same applies to protection staff that needs to

be skilled in integrating child participating into their programmes in a meaningful and ethical way (Ward, 2007).

A proper client satisfaction survey should be used by all service providers to ensure that the entire process is child-friendly, and that consistent quality of service is maintained. It should also ensure that all required services are available and that the client is fully satisfied with the procedures followed. It should also give an opportunity to the Case Manager to evaluate the practitioners while at the same time allowing the clients to express their opinion on the service provided. Key ministries need a streamlined complaints mechanism through the Children's Advocate to allow for redress where service is insensitive or inefficient.

4.3   Participants recommendations on improving the child protection system

The researcher requested participants to give recommendations and suggestions on possible ways to improve the existing child protection system. These recommendations are summarised in Table 9 below.

Table 9: Summary of participants' recommendations on improving the child protection system

Participant No.	Designation/Organisation	Recommendation
Participant 1	NGO	*"WACPU should be managed by Ministry of Gender Equality and Child Welfare and not by Ministry of Safety and Security (Namibian Police)."*
Participant 2	NGO	*"All disciplines need specialized training on how to work with children."*
Participant 3	NGO	*"Service providers should have regular case conferences."*
Participant 4	NGO	*"To enact the Child care and Protection Bill as a matter of urgency."*
Participant 10	Development partner	*"Child Witness support officers should be a designated cadre."*
		Participant 1(NGO): "WACPU should be managed by Ministry of Gender Equality and Child Welfare and not by Ministry of Safety and Security (Namibian Police)."
Participant 10	Development partner	*"WACPU need to have an allocated budget for child protection programs."*
Participant 10	Development partner	*"Child protection should be mainstreamed in all activities."*
Participant 11	Key government expert	*"Need to have devoted medical doctors only dealing with WACPU cases."*
Participant 12	Key government expert	*"Need to establish active functional child protection forums in all regions."*
Participant 12	Key government expert	*"After care services and support need to be strengthened."*
Participant 13	Key government expert	*"More public awareness on functions and roles of WACPUs."*
Participant 14	Key government expert	*"Need to strengthen communication between key Ministries to better help children."*
Participant 14	Key government expert	*"Police should get intensive training on statement taking."*
Participant 14	Key government expert	*"Need more social workers at WACPUs."*
Participant 14	Key government expert	*"WACPU need to be more child-friendly (furniture and decor)."*
Participant 15	Key government expert	*"Police Head Quarters should prioritize budget for child protection services."*
Participant 16	Key government expert	*"Need to make use of intermediaries in court and need to have child-friendly courts and waiting facilities for children at court."*

Participant 16	Key government expert	*"Need court preparation officers in all 13 regions."*
Participant 16	Key government expert	*"The social workers should be involved from the beginning."*
Participant 17	Key government expert	*"Doctors should be readily available."*
Participant 19	Key government expert	*"We need comprehensive standard operating procedures throughout the country that should be reviewed on a regular basis to ensure quality service delivery."*
Participant 20	Key government	*"To bring all services/all role players under one roof."*
Participant 22	Parent	*"Social workers need to be the first point of contact, not the police."*
Participant 23	Parent	*"To have a separate centre for sexually abused children that is child-friendly with highly qualified and experienced staff that are more responsive to the needs of children."*
Participant 24	Child	*"Court cases should be finalized in 3 months where children are involved."*

4.4   Summary

In this chapter the researcher dealt with the analysis and interpretation of the findings of the study. The data presented in this chapter emanated from data collected from semi-structured, face-to-face interviews with children, their parents and professionals from various disciplines (child welfare, police force, education, health and justice). The data gathered from 2 focus group discussions with 5 development partners and 5 staff members from NGO's dealing with child protection were analysed and interpreted.

The final chapter will present the conclusions and recommendations, as well as the limitations of the study. During the interviews with key government experts and NGO's, participants mentioned the need for an action plan for the strengthening of an Integrated Child Protection System in Namibia to ensure greater consultations and the implementation of the recommendations of this study. The researcher developed such an action plan and specific emphasis will be placed on this proposed action plan in the final chapter.

CHAPTER 5

CONCLUSIONS, RECOMMENDATIONS AND LIMITATIONS

5.0   Introduction

This study provides insight into the Namibian Child Protection System and how it responds to violence against children. This chapter concludes the study by drawing conclusions based on the findings, and makes recommendations according to the nine main categories; it also describes the limitations of the study. The researcher also focuses on the ways in which the current study will contribute to the body of scientific knowledge. Specific emphasis is placed on a proposed action plan for the strengthening an Integrated Protection Service Model in Namibia. The purpose of the action plan is to ensure further dialogue amongst all stakeholders and management of key government ministries to lobby for the implementation of the recommendations of this study.

5.1   The purpose of the study

This chapter also justify how the current study addressed the purpose and objectives presented in Chapter 1.

The purpose of the study was to explore the efficacy of the Namibian Child Protection System in responding to violence against children through the knowledge and views of key experts across the continuum of service delivery whilst most

significantly including the experiences of children and parents regarding the services received and subsequently to provide practical recommendations to key government Ministries and all other stakeholders in the child protection system. Finally, it aimed to develop a proposed action plan for the strengthening of an Integrated Child Protection System to ensure further dialogue amongst practitioners and subsequently to ensure the implementation of the recommendations of this study.

In-depth semi-structured interview schedules and focus group interview schedules were used as research instruments to realise the purpose of the study. As demonstrated through the research findings in Chapter 4 it is clear that the research problems are supported by these findings. The research findings also indicated that the research objectives were met.

5.2 Objectives of the study

The objectives of this study were to:

1. To explore the efficacy, quality and scope of the existing child protection system in Namibia

2. To explore the views and perspectives of key experts in government, NGOs and development partners across the continuum of service delivery and their experience of the Namibian child protection system.

3. To explore the experiences and views of children and parents regarding the strengths, weaknesses and gaps of the existing child protection system that require modification.

4. To make practical recommendations to stakeholders and practitioners in the Namibian Child Protection System on how to institute an integrated and linked response for effective prevention and response to improve protection of children in Namibia.

5. To develop a proposed action plan for the strengthening of an Integrated Protection System to ensure implementation of this recommendation.

SECTION I – CONCLUSIONS

5.3 Contextual background

From the results of this study it can be concluded that the majority of violent crimes reported to the police and other service providers are crimes committed against girls. Furthermore, the age profile indicated that all children under 18 are vulnerable and at risk. Age has an impact on the vulnerability and cognitive ability of children to understand child protection procedures. The child participants in this study came from all ethnic groups and all socio-economic groups. Children interviewed were from different suburbs in Windhoek and attended both private and public schools. It can be concluded that all children are vulnerable without regard to ethnicity or socio-economic status.

Overall, violence against children in Namibia includes many cases of a sexual nature, including rape, gang rape, incest and indecent assault. This is indicative of the fact that the vast majority of violent crimes against children are of a sexual nature.

Children still attending school are not necessarily less vulnerable to abuse and violent crimes since all child participants in the current study were still attending school.

The majority of practitioners in both Government and civil society organisations are female. The results clearly indicate that there are more females in the child protection system and in the helping professions such as social work and psychology. This study revealed significant achievements and strengths in Namibia's Child Protection System. The overall impression drawn from the results of this study is that significant gaps and limitations in child protection services do not allow effective and efficient services to be provided to children in Namibia. All of these conclusions will be presented according to the main categories.

5.3.1   Main strengths, achievements and accomplishments

The study revealed the following strengths and achievements in the Namibian child protection system. The study revealed numerous strengths and achievements of the existing child protection system. From the results of this study, it can be concluded that services and structures such as specialised police units, the special Unit on Domestic Violence, Sexual Offenses and Maintenance in the Office of the Prosecutor General, shelters in 7 regions, child-friendly courts in some regions and child witness support services in 3 regions exist with basic capacity for the provision of protection services. Mechanisms for the addressing of criminal offenses related to violence against children exist. Good practices of multi-sectoral approach and sound teamwork amongst social workers and police officers exist; for example, regular

community outreach programmes by Woman and Child Protection Units (MGECW; 2012). Overall, Namibia has a robust legislative framework (Rupple, 2009) relating to child protection and signed by most of the regional and international treaties pertaining to child protection. Examples of good and functional coordinating structures such as the Permanent Task Force for children and the National Child Care and Protection Committee are available for practitioners from which to draw lessons. Other strengths in the current system are the multi-disciplinary training of professionals on child protection issues and gender-based violence; improved networking and partnership between some key government ministries, civil society organisations and development partners as well as a continuing trend of frontline professional collaboration.

5.3.2   Key gaps and weaknesses

This study revealed a significant numbers of weaknesses and gaps in the current child protection system. Despite many efforts and developments in the current system, much still needs to be done to protect children holistically (LAC, 2006; Pinheiro; 2006; Rupple, 2009; Dladla & Gabriels, 2010). From the results of the study, it can be concluded that the provision of an integrated, holistic child protection system is lacking and services are still issue-based (UNICEF, 2007) and fragmented. Services are rendered by different Ministries and NGOs with diverse reporting lines and mandates. The fact that there is no clarity regarding the roles and responsibilities of role players hampers effective service delivery. The Child Protection System in Namibia clearly lacks essential standards of practice and accountability mechanisms such as formal service agreements or memoranda of understanding across sectors

(MGECW, 2012). Another major weakness in protection services to children and a key factor diminishing the effectiveness and efficiency of services is the lack of capacity to effectively reach remote communities and to provide timely services (UNICEF, 2010). The response after a case is reported appears to be slow due to barriers such as lack of dedicated medical doctors, prosecutors and magistrates. The shortage of social workers is a major challenge (Pinheiro; 2006) and therapeutic services to children are compromised due to high case loads and conflicting commitments. Police investigations are characterized by no timely response and a lack of feedback on progress of cases was reported. Statement taking is an area of concern due to language barriers and a lack of interpreters or translators. Human and financial resources as well as infrastructure are key resources needed for the Namibian Child Protection System to be effective (USAID, 2013). However, it appears not to be a priority as the absence of an allocated budget and practice policies makes it difficult to implement the programme effectively (LAC, 2006; MGECW; 2012). The shortage of human resources in all disciplines across the continuum of care is a major gap in the system. Internal capacity must be addressed at agency and policy levels.

Violence against children is complex, and child protection is a specialised field which needs specialised skills and expertise. Existing staff lacks specialised skills and experience. The knowledge, attitude and skills of staff in some cases were unsatisfactory. No standard induction training is offered for new recruits joining the child protection system to provide them with sufficient skills to handle cases involving children. This puts children who enter the criminal justice system in Namibia at risk of further abuse by the very system that is supposed to protect them

(Muller & Hollely, 2000). Key government experts interviewed revealed the need for supervision and debriefing. It seems that to address violence against children effectively, staff in the child protection field need more specific, structured guidance and specialised training for all stages of protection work. The need for expertise within child protection organisations was raised in a shifting environment where staff is now expected to work more effectively to prevent and response to violence against children. The results of the study identified specific practice features that would be more effective if underpinned by child protection expertise. In addition, gaining expertise or adequate supervision would help practitioner's confidence regarding responding to children exposed to violence and exploitation (Dladla & Gabriels, 2010; Munro, 2011).

It was evident that the informal systems such as children, families and communities do not form an integral part of the child protection system in Namibia and more emphasis is placed on the formal system with limited financial and human capacities. Child participation is a neglected area. Prevention is not a priority and more efforts are made in response to reported cases.

Implementation of the current legislation and policies was mentioned as one of the major challenges the current child protection system despite the fact that Namibia has such a robust legislative framework (LAC, 2006; Ward, 2007; UNICEF, 2008). Provisions in these laws and policies are not applied for example the special measures and arrangements for vulnerable witnesses in the Criminal Procedures Amendment Act. Child-friendly courts, in regions where they exist, are not utilised

to the optimum since prosecutors use their own discretion when to make use of this facility and not all children benefit.

The current referral system was found to be less systematic and many cases fell through the cracks. No national referral protocol existed at the time of the study. The lack of a data management system was found as another gap in the child protection system. Consistent, systematically collected and electronically stored data are not available to enable the monitoring and evaluation of interventions. Participants narrated how time consuming it was to record data manually and how proper reporting was hampered due to inadequate resources such as a lack of computers and internet services. Data captured were not desegregated and little statistical data or analyses were available nationally.

5.3.3   Involvement of communities

It was evident in the results of this study that the informal systems such as communities do not form an integral part of the child protection system in Namibia and more emphasis is placed on the formal system with limited financial and human capacities. Effective child protection systems include informal systems such as communities, families and children according to the literature reviewed (Lone, Parton, Thomson & Harries, 2009; Wessels, Kostelny & Ondoro, 2013; Sharrock; 2013). This study concludes that this element of the system was lacking in Namibia. There is increased recognition that the prevention of violence against children requires better cooperation and collaboration among many partners including families, children and communities. Community support groups can act as safety nets

between the community and service providers. Preventing and responding to violence against children is not the responsibility of Government alone (World Vision, 2010). Community-based groups need training to serve on WACPU committees and community support groups that were established some years ago need to be revived.

5.3.4 Experiences of participants

The efficiency of the support varies from one child/parent to another child/parent. Generally very few participants were satisfied with the services rendered and numerous stories of dissatisfaction were recounted. Protection services such as Woman and Child Protection Units, shelters and child-friendly courts are localised mostly in regional towns, and not all children throughout the country benefit (MGECW, 2006; MGECW; 2012). Long waiting periods, delays, postponements and poor feedback on cases were major frustrations for children and parents using the services (Muller, 2002; Muller, 2004; Theron, 2005). In some cases where protection services were available, children were not referred or linked to all needed services such as counselling and child witness support services. More emphasis is placed on crisis intervention during the intake of the case and while ongoing counselling and the post-trial follow-up services are non-existent (Mainey & Lewis, 2009).

Formal systems such as the police put more emphasis on forensic and medical examination and sometimes neglect to refer the children for therapeutic services. Muller (2004) agrees that expertise is needed in the clinical management of survivors of sexual assault and that is lacking in Namibia. Consequently, less effort is made to

assist children and their parents when the medical report shows no physical signs of abuse. Most children who have been sexually abused will have normal or non-specific genital and anal findings and the child's story is the most important piece of evidence according to some of the child protection practitioners. On the contrary, medical evidence is only one way of finding corroborative evidence of what the child discloses (Kreston, 2007; Muller & Hollely; 2009). To place the entire burden of proof on the medical community fails in two ways: at the practical level, as definitive medical or forensic evidence is found only in a minority of child abuse cases, and simultaneously failing to hold the vast majority of abusers accountable for their crimes (Muller, 2002).

Provisions in the Criminal Procedures Act (Section 158 - special measures and special arrangements) are not applied to assist vulnerable witnesses (LAC, 2006). Child witnesses in Namibia are exposed to multiple interviews that cause children to become uncooperative and unmotivated because they have repeated their story so many times (MGECW, 2012). Furthermore, delays and postponements make the court proceedings more traumatic for children and their families (Muller & Hollely; 2009). Delays of up to nine years were reported in this study. Delays make the child's psychological healing very difficult since the child is forced to keep open this chapter in his or her life when they are desperately seeking closure. In contrast with the aforementioned, other participants, by far the minority of all interviewed, expressed satisfaction and had good impressions of the child protection system. Good practises at WACPU such as the accompaniment of children to hospital and the friendliness and sensitivity of service providers (social workers and police officers) restored the dignity of children and contribute positively to the recovery and healing

process. Mainey and Lewis (2009) are also of the opinion that the role and contribution of NGOs is invaluable and can complement what key government ministries are doing. This correlates with what was said by the participants interviewed. Sound relationships with key ministries were observed by participants and impacted positively on quality service delivery.

Court proceedings can be beneficial to minor children (Muller, 2004; Theron, 2005; Muller & Hollely, 2009). When cases are dealt with in a professional and speedy manner children trust the system and act as credible witnesses in a court of law. Attitudes of service providers can make or break a case. Personality driven excellence is a great asset, but it should not matter which practitioner a case receives, all practitioners and other front-line professionals should treat children with dignity and respect.

5.3.5 **Legal and policy framework**

5.3.5.1 **Existence of guidelines and standard operating procedures**

In Namibia practitioners in the child protection systems do not have clear guidelines/standard operating procedures to guide their practice for the promotion, wellbeing and protection of children (LAC, 2006; MGECW, 2012). Different ministries deals with protection services and no formal documents such as service agreements or memoranda of understanding exist to keep them accountable. The roles and responsibilities of the different role players are not clear to practitioners as well as the wider public and clients are sent from pillar to post (Save the children,

2006; Saba, 2007). The functions and roles of the MHSS and MGECW are confusing to both practitioners and the communities (MGECW; 2012). The solution found should ensure that each child and family are dealt with in an integrated way.

5.3.5.2   Namibia's policy and legislative framework

Namibia signed and ratified several international and regional treaties that protect the rights of children. According to the Namibian Constitution (Article 144), the international instruments are binding and form part of the national laws. To this end, Namibia reports periodically on the United Nations Convention on the Rights of Children and its protocols as well as on the African Charter on Rights and Welfare of the Child (MGECW, 2012).   Namibia has made significant progress towards incorporating international treaties relevant to child protection into national and policy framework. This include the (UNCRC) and the (ACRWC) that underpin the delivery of high quality essential services to children. Namibia thereby has committed itself to ensuring that the rights of children are respected (UNICEF, 2007). The overall national legislative framework regarding protection was found to be exceptionally robust, but the implementation of it was reported as a major weakness in the current child protection system (Rupple, 2009; Dladla & Gabriels, 2010;   LAC, 2012). Despite the sound legal framework, children's rights are not adequately protected during police investigations, therapeutic services and court proceedings. Several important pieces of legislation are long overdue for enactment and implementation such as the Child Care and Protection Bill and the Child Justice Bill. The current Children's Act, Act 33 of 1960 is outdated and silent on many pertinent child protection issues such as child labour, child trafficking and inter-

country adoption to name but a few. Professionals interviewed emphasised the need to enact and properly implement the Child Care and Protection Bill to protect Namibian children effectively and optimally.

5.3.5.3   Implementation of the policy and legislative framework

There is an alarming gap between the sound legal framework and the implementation of the law. Legislation provides for special measures and arrangements for all vulnerable witnesses including child witnesses in the Criminal Procedures Amendment Act. These provisions are not applied in all cases involving children (Theron, 2005). The Seeking Safety report by LAC (2012) agrees that clients wait for days and sometimes weeks to be granted a protection order whereas in the Combating of Domestic Violence Act it is stated that a protection order should be served within 24 hours; however, minimum sentences provided for in the Combating of Rape Act are not always applied/adhered to. There is no consistent implementation of legislation, with the result that quality practice in WACPUs remains challenging. Special measures and arrangements for vulnerable witnesses are not implemented automatically but only to the discretion of the prosecutor. Clearly, laws alone are not sufficient to protect the rights of children. The Combating of Rape Act provided for complainants to be involved in bail matters but this is not applied in all cases. The recommendations in the periodic reports on the United Nations Convention on the Rights of Children and its protocols as well as the African Charter on Rights and Welfare of the Child, need to be implemented as a response to Namibia's commitment to the realisation of the protection of children's rights as prescribed in these Conventions and protocols.

5.3.5.4   Coordination and planning

5.3.5.4.1 Effectiveness of coordination and planning

From the results of this study it can be concluded that coordination between the ranges of actors in child protection is agency-centred and ill-prepared to build common strategies for the Namibian child protection systems. Children and families still struggle to access quality services in an integrated, holistic manner (NGO Group on CRC, 2003; Leischow et al., 2008; Cohen 2008). The Ministry responsible for child welfare coordinates sound structures at national level. However, at lower levels (regionally and constituency level) similar coordinating mechanisms do not exist. The lead Ministry requires authority and supervision to keep other role players accountable. On the contrary, in Namibia no one ministry takes the lead and all ministries lack authority since no formal memorandum of understanding was signed to promote inter-sectoral coordination. Ministries have different reporting lines. It can be concluded that accountability for the service is essential and should be at the highest level, because the service needs to involve all ministries (Dupree & Hardy, 2013). The coordinating body should be separate and needs to have authority to investigate, inspect, monitor, and require changes and implementation for the Namibian child protection system to be effective. The coordinating body needs to be proactive and provide leadership. Namibia lacks such a body.

The purpose of coordination is not merely the linking of disparate services. In order to respond holistically, an integrated approach is required. A mechanism is needed to

establish and implement this, which will require local and national leadership linked to the coordinating body (Saba; 2007; UNICEF, 2010; Sharrock, 2013).

The results of this study also revealed that no formal coordination mechanisms exist to link to community-based structures (Wessels, Kostelny & Ondoro, 2014). Participants reported that the National Coordinating Committee on WACPUs has not been functional for the last three to four years. Unit management committees are not operational in the 14 regions. Child Care and Protection Forums have been established in regions but they mainly focus on orphans and vulnerable children and grants (MGECW, 2006). With good coordination at all levels civil society organisations can complement what government is doing especially where specialization is required.

5.3.5.5   Appropriateness of current National Agenda for Children

The National Agenda for Children 2012-2016 is a five-year framework devised to guide all sectors in Namibia towards fulfilling their obligation of ensuring that all the rights of children are met. This Agenda aims to strengthen multi-sectoral collaboration. The majority of the professionals and/or practitioners and development partners interviewed was well aware of the National Agenda for Children and their expected role in achieving the desired outcome because of the consultative manner in which it was developed. It seems that this strategy is appropriate since it is in line with all national documents and international treaties such as UNCRC and ACRWC. Commitment 5 specifically talks about prevention and response services to survivors of violence against children and mandates key ministries to implement and report

quarterly (MGECW, 2012). However, this important strategy was never costed and implementing ministries and agencies have limited financial and human resources (MGECW, 2012).

5.3.6   Human and financial resources

5.3.6.1   Financial resources for protection services

Insufficient human and financial resources hamper effective quality service delivery to children and their families who seek assistance (WHO, 2002; Pinheiro, 2006; Ward, 2007). There is no dedicated centralised government budget for child protection services on which the various service providers can draw. Practitioners face numerous challenges from inadequate basic infrastructure to carry out their daily duties (Save the Children; 2009). Despite the high increase of cases and several recommendations from national and international conferences lack of resources remains a major challenge. Low levels of funding results in a lack of properly qualified professionals (Pinheiro, 2006; MGECW, 2012). Development partners support key ministries as well as civil society organisations but to a limited degree and the funding is mostly programme-specific. Stakeholders expressed their willingness to strengthen the existing protection services into an integrated comprehensive child protection system.

5.3.6.2   Screening of staff

There are no standard screening procedures or background checks when staff members (social workers, police officers, child witness officers, prosecutors, magistrates and health professionals) are recruited and appointed in the Namibian child protection system. Dladla and Gabriels (2010) confirm that staff members with minimal qualifications, experience and skills in working with children are placed at WACPUs (MGECW, 2012). Some professionals cannot cope with the nature and magnitude of the cases and need to be transferred again. This leads to high staff turnover due to burn out and stress. The need for a standard screening process, child protection policies and background checks are vital to ensure the maximum safety and well-being of children.

5.3.6.3   Human resources

Ministries experience a chronic shortage of personnel which seriously jeopardises effective and adequate implementation. Specialisation in Namibia is impossible because of the shortage of manpower in all key disciplines (health, justice, child welfare, police force) which deal with child protection. Significant numbers of children and parents are not getting the desired services. Namibia has an acute shortage of social workers. Therapeutic services such as debriefing, trauma counselling, play therapy and family therapy are ways to assist and guide the child and parents through the healing process and give them coping mechanism; however, these services are compromised. The shortage of social workers leads to ineffective inefficient service to children and families. There are too few trained doctors to

undertake the necessary forensic medical examinations of clients who have been subjected to sexual and domestic violence. This is a major challenge, constituting long waiting periods to be seen by a doctor. Children are affected adversely because of the shortage of service providers (Dladla & Gabriels, 2010; Munro, 2011). The child's statement is the primary evidence of abuse and emphasis should be placed on the availability to take the child's statement professionally and then devote the resources to corroborate it with evidence such as forensics (Muller, 2002; Child Frontiers, 2011).

There is a definite place for civil society organisations in the child protection system (Saba, 2007; Kisanga, 2012). This study shows that partnership and networking between Government and NGOs has improved. Organisations such as Childline/Lifeline, PEACE Centre, Legal Assistance Centre and Friendly Haven Shelter have specific child protection components and serve on all the committees and technical working groups established by the MGECW. This study has revealed that in most cases civil society organisations give assistance to children in need of care. These organisations are sometimes the first to become aware of a potentially harmful situation. However, the help and provisions offered by these organisations are mostly funded by irregular or time-bound donations or financial aid by development partners; an adequate level of care is, therefore, not guaranteed.

5.3.7 Capacity and training

5.3.7.1 Capacity of staff

Working with child survivors of abuse and exploitation is a specialised field that requires specialised skills and experience (Munro, 2011). Quality services to children depend on the availability of qualified, trained staff (Brinkerhoff, 2004; Mansell, 2006). The capacity of qualified, trained staff is at a very low level in Namibia. No standardised induction training for new staff recruits exists. This puts every child and family who enter the child protection system at risk (Dladla & Gabriels, 2010). Results of this study show that staff members from different disciplines receive generic training at university level and attend short courses (3-5 days) on child protection sometimes long after they have started at the units.

5.3.7.2 Training and accreditation of staff

A designated and essential service for child protection requires staff who are trained and accredited. The training and accreditation should include practice supervision. An on-going training programme needs to be established for all staff that will interact with children. This training must be provided as induction at the basic level (Bromfield & Holzer, 2008; Republic of Tanzania, 2013).

The special unit for Domestic Violence, Sexual Offences and Maintenance in the Office of the Prosecutor General was established but no designated staff was added to the existing staff establishment. This results in long delays and postponements

(Muller & Hollely, 2009; Theron, 2005) as cases involving children are not expedited or given priority over those involving adults. Only three child witness officers have been trained and appointed in three regions by the Legal Assistance Centre. Children in other regions are not able to participate effectively in court preparations and court proceedings. This leads to fewer convictions and more children continuing to be abused (DePanfillis, 2003; Muller, 2004).

5.3.8   Services

5.3.8.1   Privacy and confidentiality

Privacy and confidentiality are seriously compromised at WACPUs and courts (Muller, 2004; LAC, 2012; MGECW, 2012). Office space is a major concern and children and their parents are expected to narrate their stories in the presence of other clients and colleagues. There are no separate waiting facilities at courts and hospitals and children and their parents wait in corridors. Lack of privacy and confidentiality negatively impacts on the reporting of cases and the willingness of children and families to disclose.

5.3.8.2   Child friendliness

Child-centred approaches are not yet well understood nor are they routinely applied by service providers in the Namibian child protection system (UNICEF 2007; World Vision, 2011). The unfriendliness of unhelpful staff led to secondary trauma for the children and families as was found in this study (LAC, 2006). Practitioners put too

much weight on forensic medical evidence and too little emphasis on therapeutic and follow up services for children (MGECW, 2012). Child-friendly services are not readily available in all regions at all times. More needs to be done to create user-friendliness of response services (Keeping Children Safe Coalition, 2006).

5.3.8.3 Language barriers

The medium of exchange in the courtroom and police office is a particular form of complex legal language that falls outside the normal language repertoire of children. It is also in English, which many people still do not have a full grasp of or ability to articulate complex thoughts and feelings in. Statement taking remains a major challenge for both children and police officers since interpreters are not readily available (Dladla & Gabriels, 2010; Munro, 2011; LAC, 2012). Professionals such as prosecutors, magistrates, police officers received no formal training in child development and have unrealistic expectations of children when taking statements or when leading evidence in court (Susan Keston, 2007; Muller & Hollely, 2009).

5.3.8.4 Child protection service in emergencies

Key government Ministries and NGOs has no specific plans, programmes or budgets for child emergency services. Ministries work with the Office of the Prime Minister in cases of emergencies. Development partners such as UNICEF also provide basic necessities in the event of disasters or any other emergencies. Prevention of sexual exploitation during emergencies needs priority attention (Save the Children, 2009; Barnett, 2008; UNICEF; 2010).

5.3.8.5 Time period from report of case till finalization

The majority of participants related scenarios of long waiting periods for services and multiple delays and postponements of court cases involving children (Dladla & Gabriels, 2010). Cases involving children are not expedited, although there is a special unit for domestic violence, sexual offences and maintenance in the Office of the Prosecutor General. Special units are supposed to provide specially trained expertise pre-trial, during the trial and even after the trial. Some of the participants reported delays of up to nine years and expressed the need for continuing social service provision and post-trial counselling (Muller, 2004; Theron, 2005; Child Frontiers, 2010).

5.3.8.6 Update on progress of cases

Another prominent finding of this study was that service providers, especially police officers and prosecutors, fail to inform clients on the progress of their cases (MGECW; 2012). Participants expressed the need for regular updates on the progress of the cases and for their participation during bail trails and views before bail conditions are considered (LAC, 2012).

5.3.9 Information management system

5.3.9.1 Child protection information management system

This study found that only Child line/Lifeline out of all the Ministries and NGOs interviewed has a database that is linked to the Child Helpline International. No

national centralised referral protocol existed at the time of the study. The lack of a data management system was found as another gap in the child protection system. Consistent, systematically collected and electronically stored data were not available to enable monitoring and evaluation of interventions (World Vision; 2010; Interagency Group; 2012). Participants narrated how time consuming it was to record data manually and how proper reporting was hampered due to inadequate resources such as lack of computers and internet services. Data captured were not desegregated and little statistical data or analyses were available nationally. Key ministries collected data on a monthly basis, but did not share or link this data with other stakeholders. Each ministry or civil society organisation has its own format and some still recorded data manually. Confidentiality should be considered when developing an information management system (Child Frontiers; 2010). It is a lengthy process to request statistics from the key ministries and data are not readily available and are sometimes not reliable. Research has to be recognised as a component of a holistic system, so adequate access to data is critical to meaningful studies, while respecting the confidentiality of the survivor at all times (UNICEF, 2008).

5.3.9.2   Existence of national referral protocols

The results of this study revealed significant gaps in the referral system. Children did not access available services due to inefficient referral processes. The current referral system was found to be less systematic and many cases fell through the cracks. Clients and service providers need a clear and simple referral protocol that is agreed and adhered to by all stakeholders involved at each stage along the continuum of care (Child Frontiers, 2010). This study found that because of a lack of guidance and

shortage of staff, agencies did not respond promptly to referrals and there was no proper follow-up of cases after referrals (World Vision, 2010).

A draft National Referral Flow Chart with an accompanying brochure was developed after data collection of this study in collaboration with key ministries and stakeholders from civil society. Evidence from the participants suggests that relatively few vulnerable adults and children are accessing the services they need and that some never enter the continuum of care provided through WACPU services because the abuse or maltreatment they are suffering goes unreported. Many of the participants did not know services offered by WACPUs prior to the report of their cases.

Many of the participants expressed their disappointment about how they were never referred to a social worker for therapeutic services. This study found that, due to lack of guidance and shortage of staff agencies do not respond promptly to referrals and there is no proper follow-up of cases after referrals. Child abuse cases were not placed on a priority list for investigation or intervention since there was no formal system of intra-agency referrals. This may lead to procedural delays and failure to place the child's needs as the focus of attention.

5.3.9.3   Access to complaints mechanism

The study found that most of the key Ministries did not have a formal complaint system for children in place. The Ministry of Safety and Security had a complaints and discipline section, but the public was not aware of it. Lifeline/Child Line and

Friendly Haven Shelter for abused women and children had client satisfaction forms to be completed by clients. The LAC also clients requested randomly to complete a client satisfaction form (Munro; 2005).

SECTION 2: RECOMMENDATIONS

5.4   Introduction

Based on the key findings of this study, a series of practical recommendations are presented in this section. These recommendations are intended to guide dialogue among all stakeholders to ensure that the reform of the child protection system is realistic and appropriate. This series of recommendations aims to address some of the priorities for the development of a coherent comprehensive approach. A proposed action plan for the strengthening of an integrated child protection system is also presented in this section. It has the aim to support key ministries and relevant stakeholders to implement the recommendations of this study

5.4.1   Main strengths, achievements and accomplishments

The Namibian government needs to recognise that violence against children is indeed an emergency that needs to be addressed urgently in an integrated manner. Key ministries and civil society organisations dealing with child protection should work together to cost the National Agenda for children and lobby for political will to build on the strengths and to replicate the best practices identified in this study. It is further

recommended that the proposed integrated model under 5.8 should be used as a basis, provided that a number of critical changes are implemented to strengthen the existing system

5.4.2   Key gaps and weaknesses

An implementing lead ministry that is pro-active and accountable is needed to act as coordinating agency for multi-sectoral and multi-agency cooperation and to ensure that adequate human and financial provision exists, in an integrated and coordinated manner. It should also ensure that all ministries recognise and implement their roles in fulfilling children's rights and that they should work together. This includes child protection and children's participation. They should, furthermore, ensure that there is no violence towards children or abuse of children in any state-run service or provision, and that there are practice standards and supervision. Staff should be trained and clear roles and responsibilities should be established (Child Frontiers, 2010, World Vision, 2011; MGECW, 2012).

Namibia should develop a multi-faceted and systematic framework to respond to violence against children. This framework should be integrated into the national planning processes (WHO, 2002; Pinheiro, 2006: UNICEF, 2007). The implementation of the 5 commitments with key strategies in the National Agenda for Children should be systematically evaluated according to established targets and timetables, and provided with adequate human and financial resources. The Child Care and Protection Bill should be enacted and implemented.

5.4.3   Relationship and involvement of communities

Previously established community protection groups, whose tasks include raising awareness, educating and mediating, as well as providing guidance on referrals and basic counselling for community members should be created or revived (Bromfield & Holzer, 2008). Such groups had been previously formed and they received training through a partnership between MGECW, WACPU and UNICEF which was subsequently phased out due to lack of funds. This initiative could be revived in partnership with NGOs and constituency councillors, and could form part of the prevention programme. There should be strong public education and awareness-raising on prevention and protection issues at community level (Republic of Tanzania, 2013). Messages should include the importance of early reporting and intervention of sexual assault and be integrated into existing public health education interventions. It is essential that a strategy is developed to ensure deeper engagement with all community leaders. This includes traditional authorities and church leaders in relation to the part that they can play in prevention (Republic of Tanzania, 2013; Wessels, Kostelny & Ondoro, 2014). Community support groups need to be revived and trained on child protection issues. More emphasis should be placed on male and boys' engagement in child protection and gender programmes, especially men who are good role models. This will have the effect that violence against women and children is seen as everyone's concern and a human rights issue, not simply a women's issue (UNICEF, 2010; MGECW, 2012). Key government ministries should place more focus on early intervention protection mechanisms in communities. Community-based protection mechanisms must be preventative, as well as responsive, and should include children's participation as a means of promoting their

resilience and providing psycho-social support. Community-based mechanisms should go beyond social casework to the facilitation of children and young people's meaningful participation (Munro, 2011).

5.4.4   Experiences of participants

An official document which establishes an Integrated Child Protection System, defining the new structure, budget, operational standards, reporting lines, as well as accountability mechanisms should be adopted. The implementation of the proposed action plan for an integrated model as outlined in 5.8, which in its essence is an expanded version of some of the good practises identified in the current study, is recommended.

It is recommended that key ministries and civil society organisations should strive to transform attitudes that condone or normalise violence against children. All stakeholders should receive on-going, specialised training on working with children and child protection issues. Improved supervision and in-service training should be provided to all staff dealing with child protection cases (Mainey & Lewis, 2009). Child abuse and sexual assault cases should be prioritised for trial dates as is done in the United States. Alternatively, special courts, like those in South Africa, could be set up until the backlog is worked through and the time between reporting a case and it going to trial is less than one year (as opposed to the 7 - 9 year wait that is still reported). This would make the community understand that these cases are a priority and, thus, lessen the delays, which will help the child and family (Mizikaci, 2006).

Linkages between all stakeholders should be strengthened to ensure survivor safety, as well as effective protection services to children and families.

5.4.5   Legal and policy framework

5.4.5.1   Existence of guidelines and standard operating procedures

A joint inter-sector memorandum of understanding on Integrated Protection Services, practice standards and operating procedures and a National Child Protection Action Plan needs to be developed and signed. Service providers should develop and sign a joint memorandum of understanding on sector specific responsibilities, according to Childhope (2005), in relation to the prevention of and response to violence against children and corresponding operating procedures for identification, registration, referral pathways and case management within the scope of WACPUs function in close coordination with key NGOs. Effective regulation and oversight to ensure standards should be upheld at all levels. Professionals providing services for children should be competent and bound by professional standards; children's views should be taken into account. Standard guidelines for traditional leaders and criminal courts should be developed to clarify roles and responsibilities (Keeping Children Safe Coalition, 2006)

5.4.5.2   Namibia's policy and legislative framework

The enactment of the outstanding pieces of legislation should receive priority attention and should be enacted as a matter of urgency (MGECW, 2006; Rupple,

2009; National Prosecuting Authority of South Africa, (2002). Public education on legislation and the provisions are vital. Closer collaboration between the Ministry of Justice and traditional leaders on child protection is needed to ensure effective and efficient services to the benefit of survivors. Resources need to be invested to look closely at jurisdictional issues relating to the role of the community courts and the operation of customary or traditional justice mechanisms to ensure greater complementarities. Criminal courts should deal with all sexual offences and serious domestic violence cases; traditional courts need to act as mediators in relationship problems where no violent crime was committed.

The National Child Care and Protection Committee should be redefined as the vehicle for the critical review of the existing protection system and should take greater responsibility for the long-term conceptualisation and strategic planning of the sector. The Committee should develop a comprehensive process of consultation. The National Agenda for Children should be costed (Dladla & Gabriels, 2010; Republic of Tanzania, 2013). All stakeholders, including key government ministries as well as CSOs and international agencies, should review their current and projected programmes and strategic plans of action, this would include an audit of financial and human resources, thereby enabling and prioritising the targets to be set.

All professionals in the child protection system should receive specialised training (Munro, 2011), and dedicated, screened staff should be assigned (Sharrock, 2013) to handle child protection cases at WACPU, Child Welfare, child-friendly courts and shelters to ensure access to child-friendly services.

5.4.5.3   Implementation of policy and legislative framework

Several studies were done on the implementation of the different pieces of legislation. The factors which hamper the effective implementation of legislation should be studied thoroughly and should be addressed. The Ministry of Justice should build community confidence in the justice system by implementing the legislation as provided.

Development of policies and regulations of the Child Care and Protection Bill should be drafted as a matter of urgency to guarantee the standardised implementation of the Act to replace the outdated Children's Act of 1960. A review of the existing statutory and court-based child protection response is necessary (UNICEF, 2008; MGECW, 2012). A more family-focused, prevention orientated approach, which is able to intervene earlier with families in crisis, should be adopted. The interaction between community support mechanisms and more formal protective services should be strengthened (Save the Children, 2006; Kisanga; 2012).

5.4.6   Coordination and planning

In order to increase coordination among stakeholders, it will be important to:

• Review the effectiveness of the many coordination mechanisms that currently exist, bringing a more strategic role to the National Child Care and Protection Committee;

- Develop more formalised linkages with the MGECW, Police, Justice, Health, Education and NGOs;

- Harmonise the strategic direction and activities of the government with international agencies, ensuring that government drives the agenda;

- The decision-making and coordination mechanism, management responsibilities and financial commitments need to be clarified; there needs to be implementing bodies and accountability, and a process of continual reflection on change and newly emerging issues;

- Protection and other children's services should be coordinated at all levels of government.

5.4.6.1 Effectiveness of coordination and planning

The government should ensure that the response system should be coordinated in ways that respect the whole child and his or her family, dignity and privacy. Key ministries should identify civil society organisations with the capacity to outsource services such as the administration of shelters and the training of professionals. The National Agenda for Children should be implemented by all stakeholders and closely monitored by the MGECW. Preventive and responsive services should include both the institutions and structures, formal and informal; government and non-government.The revision of the effectiveness of the many coordination mechanisms that currently exist is recommended to bring a more integrated strategic role to the National Child Protection Committee. More formalised linkages with key ministries, such as Education, Justice, Health and Social Services, Safety and Security, will ensure accountability.

5.4.6.2   Appropriateness of the current National Agenda for Children

The National Agenda for Children should be implemented by all stakeholders and closely monitored by the MGECW. All stakeholders should report to the MGECW and the Permanent Task Force on Children, on a quarterly basis to evaluate the progress and achievement of goals and to ensure integrated and coordinated action by key ministries and civil society organisations.

5.4.7   Human and financial resources

5.4.7.1   Financial resources for protection services

A centralised, dedicated budget for the Integrated Protection System, as well as advocacy for additional financial support from the donor community to fill the gaps, should be developed and adopted. It is necessary for multi-sectoral policies and strategies to be clearly costed in terms of budgetary requirements for resources to be allocated accordingly (Bromfield & Holzer, 2008; Dladla & Gabriels, 2010). The recommendations of the study conducted by the MGECW on protection services in five regions should be tabled at Parliament to solicit a dedicated budget for child protection. Top management of key ministries should lobby parliament for political will and commitment to child protection.

The MGECW should develop and implement the Social Welfare Workforce Strategy and ensure intensive human resources for social welfare. This includes recruitment, capacity development and training to ensure the adequacy of the quantity and quality

of the social welfare cadre throughout the country (Munro, 2011; World Vision, 2011).

The prioritisation of the strengthening of the child protection system at national, regional and constituency levels in national planning processes, and the allocation of substantial budgetary resources to strengthen the promotion, prevention and response capacities of the system are recommended (Child Frontiers, 2010; World Vision, 2011).

The development of a fully costed human resource strategy across different disciplines will ensure that positions are filled and that staff is adequately remunerated, mentored and evaluated (Bromfield & Holzer, 2008; Dladla & Gabriels, 2010). It should be ensured that staff distribution is accorded to need, and sufficient physical resources are provided for staff to do their work. A comprehensive costing of the system and a significant increase in the WACPU budget are necessary to improve service delivery to children.

5.4.7.2   Screening of staff

Key ministries and civil society organisations should develop and adopt standards for recruitment procedures. Staff recruitment, training and employment policies are needed to ensure that all professionals who work with children in care and justice systems are both qualified and fit to work with children (Childhope, 2005; Munro, 2005). There should be a strict screening process in conjunction with the ordinary job interview. The interview panel should focus on the motive behind the application and

history of psychopathologies. They should also do reference checks and should request police clearance certificates as is required in the Child Care and Protection Bill.

5.4.7.3 Human resources

Professional workforce capacity needs to be improved in all the relevant sectors: law enforcement, justice, social care, and health. A fully costed human resource strategy should be developed to ensure that all positions are filled and staff members are adequately remunerated in order for them to do their work effectively.

Key ministries should identify civil society organisations with the required capacity to outsource some of their programme activities, for example, the Psycho-Social Support trainings conducted by Child Line for MGECW. Key ministries should subsidise civil society organisations with the required capacity to assist them in sustaining themselves, and not to depend completely on donors.

5.4.8 Capacity and training

5.4.8.1 Capacity of staff

Key ministries should invest in systematic, specialised education and training programmes both for professionals and non-professionals who work with children and families to prevent, detect and respond to violence against children (Barnett, 2008; Burton, Leoschut & Popovac, 2011). A national standard induction training

course should be developed and provided to all new recruits. Such a course needs to be complemented by annual, short-term, advanced training sessions, which should address the needs of the trainees as identified by them. Medical doctors and other practitioners should receive annual, accredited training by experts specialising in child abuse and exploitation. The medical management of child abuse should be a core part of all training provided to health professionals. This will ensure that child victims are treated in a friendly and dignified manner through the use of appropriate protocols, as well as that forensic evidence can be properly collected for legal action against perpetrators (Muller & Hollely, 2009). Health professionals should all be trained on the completion of the Sexual Offenses Kit. All public health facilities and clinics should become key sites for health education on violence against children. A rigorous supervisory and evaluation process needs to be put in place to promote quality and accountability.

5.4.9 Services

5.4.9.1 Privacy and confidentiality

 Key ministries and civil society organisations, dealing with children, should develop child-sensitive procedures for investigating cases of violence against children to ensure privacy and confidentiality (Munro, 2005).

5.4.9.2   Child friendliness

Key ministries must establish and implement codes of conduct reflecting child rights principles which are harmonised with the existing laws. Key ministries and civil society organisations dealing with children should develop child-sensitive procedures for investigating cases of violence, which avoid subjecting the child to multiple interviews and examinations. Trained social workers should accompany children for statement taking to ensure rapport building and a child-friendly atmosphere (LAC, 2012). Court proceedings should be made less traumatic through the use of support persons and intermediaries as provided for in the law (Muller, 2004; Theron, 2005). The stress of court proceedings should be reduced through the use of closed-circuit television where available. There is, furthermore, a need for witness preparation programmes as well as access to child witness officers. The researcher knows of many success stories where closed-circuit television was used in Windhoek at the regional and High courts where these facilities are available. The prosecutors and magistrates interviewed testified to the success stories in the three regions (Khomas, Hardap and Kavango regions) where child witness officers, only dealing with child witnesses, did a commendable job preparing children and other vulnerable witnesses for court. These programmes should be rolled out to all regions in Namibia. The MGECW, with the core mandate to protect the wellbeing of children, should develop a clear strategy for addressing the social norms and behaviour that underpin violence against children in the home environment. Practitioners should develop long term prevention and protection services for families and children (Sharrock, 2013) beyond the law enforcement and court-based provisions. WACPU staff should provide follow up and proper after-care services to children and families.

5.4.9.3   Language barriers

Key ministries should ensure budgetary allocation for professional translators and interpreters at court and WACPUs. They should also make use of intermediaries and support persons in court proceedings which involve children. This is provided for in Section 158 of the Criminal Procedures Amendment Act (LAC, 2006). Police officers should use social workers or trained on-call/part-time interpreters to assist during statement taking. Management of key ministries should consider language abilities when new staff members are appointed. Professional and non-professionals working with children should receive annual, mandatory training (Muller & Hollely, 2009) on child protection. This concerns child development, which includes the linguistic development of children.

5.4.9.4   Update on progress of cases

Children and their parents should be informed, well in advance, by practitioners (social workers, police officers, prosecutors or child witness officers) dealing with their cases, regarding the progress of their cases such as the arrests of the accused person, upcoming court dates, and the possibility of bail or release from custody for the accused person. In South Africa this is done by the case manager tracking the case from report till the finalisation of the case (Dladla & Gabriels, 2010). If children know what to expect at what stage, they can be properly prepared for court proceedings to lessen the trauma and anxiety.

5.4.9.5   Existence of national referral protocols

It is recommended that the National Protection Referral Poster and Brochure (MGECW, 2012) developed by the MGECW after the data collection, be made available to schools, hostels, residential child care facilities, offices of the social workers, civil society organisations, WACPUs, doctors' consulting rooms and also in the print media, such as local newspapers. This will make it accessible for parents, children and communities.

5.4.9.6   Child protection service in emergencies

All key ministries in collaboration with the Office of the President should develop programmes with budgetary allocation for children in emergencies and include these activities in their annual work plans. Each ministry should have a contingency plan for emergency situations such as natural disasters. All stakeholders involved in child protection should receive adequate training on how to assist children during emergencies and focus should be placed on violence prevention. Key ministries should build support for child protection systems amongst the broader community of humanitarian projects by building alliances.

5.4.9.7   Time period from report of case till finalisation

Ways should be found to speed up the criminal investigations and trial of sexual and domestic violence cases. The existing multi-disciplinary approach should be strengthened so that efforts are not duplicated. This can streamline the process and

simultaneously lessen the stress on the child survivor. The appointment of a case manager at each of the WACPU,s to track cases can improve services to children, as is the case in the Thuthuzela Care Centres in South Africa (National Prosecuting Authority, 2002; Dladla & Gabriels, 2010).

5.4.10 Information management system

5.4.10.1 Child protection information management system

Key ministries and civil society organisations should invest in a centralised, systematic, national and regional data collection system linked to all stakeholders in the child protection system in order to provide consistently collected, desegregated, comparable data which can be used as an evidence base for decision-making in policy and system development. Adequate human and financial resources should be made available to the data collection system and all stakeholders should receive adequate training (MGECW, 2012). The creation of mechanisms to collect child protection data and to monitor and evaluate the system should receive priority attention (Dupree & Hardy, 2013).

5.4.10.2 Access to complaints mechanism

All key ministries should have a user-friendly mechanism in place for clients to register their dissatisfaction regarding services received, when necessary. These complaints should be handled in a professional way. This mechanism should be administered to all clients and not randomly, since it invites positive bias in the

outcome through selective participation. Regular case conferences to discuss complaints received can improve service delivery (Child Frontiers, 2010).

5.5 Overall recommendations for moving towards an Integrated National Child Protection System

1. Develop a conceptual framework for a National Integrated Child Protection System;

2. Design and cost out an Integrated Child Protection System;

3. Establish Integrated Protection Systems in all 14 political regions.

5.6 Recommendations for future research studies

There is a notable gap in research on child protection systems in Namibia. The findings in this study have provoked many more questions which may not all be answered but which will require further research. In future, if similar research is to be done, the researcher would recommend the following: The target population needs to be extended to be nationally representative in order to reveal the differences and/or similarities in experiences of children, parents and practitioners in other regions. Researchers need to be trained in counselling skills in order to remain sensitive and responsive to the emotional needs of the children in particular, as the subject of violence against children remains sensitive. The values of impartiality, honesty and confidentiality are vital in the entire research process. Further research can focus more specifically on best practices in Africa and globally with an emphasis on how such practices might be adapted to fit the unique needs of Namibia. Another area

which needs further research is the costs/benefits in terms of efficiencies for child protection systems; future research can assess how Namibia can use the limited resources available to more effectively reach children more effectively.

SECTION 3: LIMITATIONS

5.7 Limitations of this study

The researcher had the advantage of studying a topic that is familiar and the setting provided easier development of rapport. There was an acceptance and cooperation within the familiar setting which provided comfort to the researcher. The ability to gain access to the research sites and to participants was beneficial. The researcher also had prior knowledge of the topic through professional experience (Padgett, 2008).

There were advantages to study the familiar; however, there were also disadvantages that could result in limitations to the study and threaten its trustworthiness. The researcher documented in her field notes all observations and interpretations that were possible preconceptions or personal opinions (Padgett, 1998). To minimise participant bias, triangulation and member checks were done as a strategy to reduce the threats to the trustworthiness of the data. The researcher relied on in-depth, semi-structured interviews, focus group discussions, field notes, audio recordings and the review of existing documents to support one another, resulting in more confidence regarding the conclusions drawn in this study (Padgett, 1998).

This study was also limited in its geographical scope because information was obtained from children, parents, practitioners working for key government Ministries and NGO's, as well as development partners in Windhoek only. All practitioners interviewed were nationally responsible for child protection in their respective organisations. To compensate for this regional limitation, a review of existing literature, including reports and studies conducted in different regions of the country, nationally and globally was presented.

Thirdly, some of the management cadres in the child protection system, which is highly sensitive and where the responsibilities are enormous, were generally suspicious of the researcher who might judge the work they were doing, and might point out deficits in their service provision. This made it crucial for the researcher to convince them of her neutral stance and how Ministries, NGO's and, especially children, could benefit from the findings and recommendations of the study.

Key ministries and NGO's are not bound to implement the recommendations of this study, but during the pilot testing, semi-structured interviews and focus group discussion all showed great interest and willingness to improve the current system. The researcher intends to have a validation workshop with management cadres of all involved Ministries, NGOs and Development Partners to share the findings and recommendations and to lobby for the implementation of the recommendations, after explaining to them how all parties, especially the children of Namibia, will benefit.

5.8 **Contribution to the body of scientific knowledge**

This dissertation has provided further support to literature identifying the various risk and protective factors that contribute to child protection issues and, in doing so, has reinforced the applicability of the need for all professionals involved in Child Protection to take an ecologically-informed systems approach to prevention, assessment, case management and treatment. The study contributes new knowledge on child protection systems in Namibia and how these compare to other countries.

5.9 **Proposed model and action plan for the strengthening of an Integrated Child Protection Service Model in Namibia.**

The Child Rights-Based Approach, Bronfenbrenner's Ecological Systems Theory and the Systems Approach were applied as the overarching theories for this study and thus formed the basis of the proposed Action Plan that was developed. The Child Rights-Based Approach, which is based on the key rights as set out in the United Nations Convention on the Rights of the Child, sees each child as a unique and valuable human being, with the right to life and survival, but also to development to his or her fullest potential. A Child Rights-based approach understands that children deserve to have their best interests met through the adequate allocation of resources and the implementation of all the rights in the United Nations Convention on the Rights of the Child (UNICEF, 2007; Save the Children, 2009). This approach provides a framework for an outcome-focused plan of action as is the aim of this Model. Bronfenbrenner's ecological approach allows for simultaneous consideration of the different levels that should play a role in

effective care provision to the child, i.e. at the child, family, community and society levels. Understanding the interactions of these systems is the key to understanding how a child develops and what factors lead to the failure of the systems.

The systems approach is in full alignment with the Convention of the Rights of the Child (CRC) and other international conventions, instruments and standards which establish that states have the responsibility for the protection of all children, regardless of local context. The African Charter on the Rights and Welfare of the Child (ACRWC) specifically addresses children's protection rights related to child labour, child abuse and torture, juvenile justice, parental care and protection, harmful social and cultural practices, sexual exploitation and the sale, trafficking and abduction of children. This approach acknowledges that children face complex problems that require a multi-disciplinary response. The proposed action plan and the recommendations can serve as an entry point for broader system strengthening and to mobilise, political will and programmatic action to address violence against children. It can be used by key government ministries to guide the provision of quality violence prevention and response services as part of the national child protection system.

5.9.1   Model for an Integrated Child Protection Service Model in   Namibia

Figure 11 below presents a hypothetical model to illustrate the proposed Integrated Child Protection Service Model in Namibia. This model puts Investigating Officers, Social Workers and Child Witness Support Officers on the same premises and in close coordination, with a close referral network to the health and justice sectors,

MGECW-operated shelter, NGO service providers and community-based structures. Although it may be desirable to have a medical doctor on the premises, it does not seem feasible given the currently limited human resources in the health sector. As an alternative, it is recommended to locate the WACPU/IPS offices within or near medical facilities and assign a medical doctor to receive WACPU/IPS clients on a priority basis. This model offers the best combination of effective services, efficient use of human resources and user-friendliness.

5.9.2   Action Plan for the strengthening of an Integrated Child Protection System in Namibia

The Action Plan for the strengthening of an Integrated Child Protection System in Namibia with action steps, time frame and leading agency will be presented under Figure below.
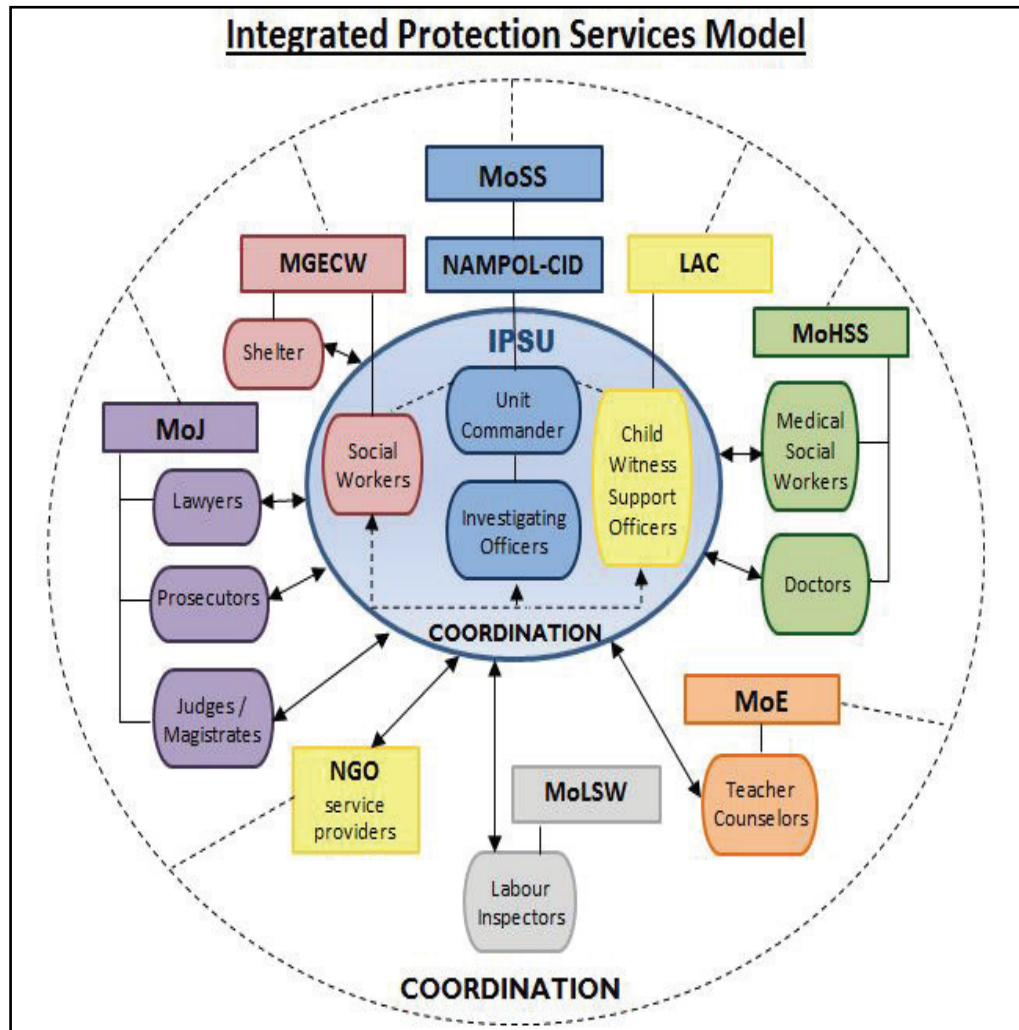
Figure 11: Hypothetical Model for the Proposed Integrated Child

Reprinted from Assessment of WACPU services in 5 regions, p. 43 (MGECW, 2012).

Table 10: Proposed Action plan on strengthening child protection

systems

#	Action	Timeframe	Lead Agency
	STRATEGIC – NATIONAL LEVEL		
1.	**Define the relationship with respect to WACPUs (Gender Based Violence Protection Units) and other protection services between the two lead agencies**: the Ministry of Safety and Security and the Ministry of Gender Equality and Child Welfare. Clarify the decision making and coordination mechanism, management responsibilities, and financial commitments.	6 months	MGECW, MSS (Office of the Inspector General)
2.	**Adopt an official document establishing an Integrated Child Protection System**, which: a. **Defines the existing WACPU (GBVPU) functional scope**, considering the possible expansion of its scope to provide integrated services for children. b. **Defines the new structure, budget, operational standards, reporting lines, accountability mechanisms.** A model, which in its essence is an expanded version of the good practices identified in this study with dedicated staff and an allocated budget	6 months	MGECW, MSS in consultation with MoJ, MoHSS, NGO's dealing with child protection

	is recommended for the new Integrated Child Protection System.		
3.	**Develop and adopt a dedicated centralised budget in for the Integrated Child Protection System and advocate for additional financial support from the donor community to fill the gaps**. Develop a budget based on the proposed model and functional scope, as well as on the regional budgets proposed by each WACPU/GBVPU. a. Identify the core minimum financial requirements for the functioning of the Integrated Child Protection system that must be covered by the allocated budget both nationally and regionally b. Identify and implement strategies for cost-sharing among the ministries involved.	Within 6 months of action 2	MGECW, MSS in consultation with MoJ, MoHSS and Ministry of Finance
4.	**Develop and sign a joint inter-sectoral MOU on Integrated Child Protection Systems, Standard Operating procedures**. a. Develop and sign a **joint MOU on sector specific responsibilities** in relation to prevention of and response to violence against children. The MOU should cover, as a minimum, the assignment of dedicated staff to WACPU cases and ensure responsibilities, reporting lines, financial commitments, resource allocation, and accountability mechanisms. b. Develop and adopt **corresponding Standard Operating Procedures** for	Within 3 months of action 3	MGECW, MSS in close coordination with MoJ, MoHSS, and civil society organisations

	identification, intake/registration, referral pathways, and case management within the scope of ICPS function. c. Consider developing a Survivors of Crime Charter with accompanying Complaints Policy and Minimum Service Standards. d. Develop a **time-bound Action Plan for the strategic roll-out** of the new model.		
5.	**Roll-out the new model countrywide**. Pending approval of the new budget, the roll-out may be initiated in the regions which require the least adaptation followed by other regions once the funding is approved.	Within 12 months of action 4	MGECW, MSS in close coordination with MoJ, MoHSS, and civil society organisations
6.	**Develop and adopt professional standards, selection and recruitment procedures, including standard Terms of Reference, for each sector, as well as protection related guidelines and tools**. a. Based on the MOU and sector guidelines and tools develop and adopt Standard Operating Procedures for referral.	Within 6 months of action 4	MSS, MGECW, MoJ, MoHSS, and civil society organisations in close

			collaboration with MSS and MGECW
7.	**Build professional capacity within each sector.**		MSS, MGECW, MoJ, MoHSS,in close coordination and under the leadership of MSS and MGECW
	a. In the short-term, disseminate relevant sector guidelines and tools and ensure provision of technical support to all sectors (possibly through telephone, email or online) to improve the knowledge and application of key legislation, policies, guidelines and tools.	Within 6 months of action 2	
	b. In the medium-term, develop and implement a capacity-building strategy for key WACPU/ICPS associated staff for each sector.	Within 24 months of action 2	
8.	**Take steps to increase the number of police investigating Officers, Social Workers and Child Witness Support Officers** and to address their administrative burdens as a matter of urgency, including the adoption and implementation of the Child Care and Protection Bill.	Within 12 months of action 4	MSS, MGECW, MOJ and MoHSS
	a. Host a national workshop on the state of social work in Namibia, with the goal of development additional recommendations for the strengthening of the social work sector.	Within 6 month of action 1	

| 9. | **To address the shortage of medical staff available to assist children and families, research the possibility of building the capacity of medical nurses** to include: documenting the rape history, providing acute trauma debriefing, providing a stated dose of PEP, taking a pregnancy test, dispensing the treatment package, providing medication counselling and making follow-up referrals.

a. Investigate the possibility of additional training for medical nurses to carry out forensic examinations.

b. Amend the Rape Act to provide for registered nurses to do the medical examination of rape victims | Within 6 months of action 2

Within 12 months of action 5 | MoHSS in consultation with MSS and MGECW

MOJ in collaboration with MSS and MGECW |
| 10. | **Develop, pilot, and implement a standardised, integrated management skills training package for supervisory staff across all WACPU/ICPS related sectors.** | Within 12 months of Action 5 | MSS, MGECW, MoJ, MoHSS, in close coordination and under the leadership of MSS and |

			MGECW
11.	**Design and implement a comprehensive staff performance management system** that is specifically tailored to the demands of service delivery personnel. This system should particularly focus on the prevention of staff "burn out", and may cover support and supervision, individual performance assessments and the identification of personal development goals based on self-assessment of skills/knowledge gaps.	Within 12 months of Action 5	MSS, MGECW, MOJ, MoSS and civil society organisations
12.	**Develop and implement dissemination plans, strategies for provision of technical support and/or training in the application of key protection related policies, guidelines and tools** (e.g. via national/regional workshops, technical advice by telephone, email or online, dissemination of Frequently Asked Questions and Answers, etc.), strategies for monitoring and reporting on appropriate application of existing protection related policies, guidelines and tools.	Within 12 months of Action 2	MSS, MGECW, MoJ, MoHSS, and civil society organisations
	OPERATIONAL – REGIONAL LEVEL		
13.	**Conduct mapping of locally available services** (governmental and non-governmental, formal and informal, institution-based and community-based) **and establish working relationships with all the relevant service providers**, preferably through singing of MOUs and/or jointly developing referral pathways for different categories of cases.	Within 3 months of the approval of the present recommendation	All regional WACPU offices

		s	
14.	**Identify and address the reasons for non-functioning of WACPU Management Committees**. Consider alternative coordination mechanisms, such as through case management meetings.	Within 3 months of the approval of the present recommendations	All regional WACPU offices
15.	**Establish or revive the previously established community protection groups**, whose tasks include raising awareness, educating and mediating, as well as providing guidance on referrals and basic counselling for community members. This initiative could be revived in partnership with NGOs and constituency councillors and could form part of the prevention programme. a. Consider **increasing community engagement** in the protection system through: a) Men's Groups (i.e. groups that aim to positively engage men in changing attitudes and beliefs and behaviour); b) Community-based church groups)	Within 12 months of Action 13	All regional WACPU offices in close collaboration with civil society organisations
16.	**Build strong links with communities, traditional and customary justice systems** and consider creating a referral mechanism for traditional courts to refer cases to the police for criminal prosecution. a. Train traditional authorities on addressing child protection issues.	Within 6 months of Action 13 Within 12	MSS, MGECW. MOHSS and MoJ in collaboration

		months of Action 13	with civil society organisations.
17.	**Coordinate with regional MoJ officials for WACPU Investigating Officers and/or Social Workers to join MoJ-operated mobile courts on visits to remote communities**.	Within 3 months of the approval of the present recommendations	All regional WACPU offices
18.	**Develop and implement clear prevention strategies at regional and community levels**. Prevention programmes may include: a. **Awareness raising** about the main child protection concerns, ways to keep oneself and one's family safe, as well as about the WACPU and its services: through media b. **Educating and engaging children i**n the prevention of child abuse to ensure child participation. c. **Establishing children and youth clubs in the community** to provide a safe place and educate them about protection concerns and protecting themselves.	Within 12 months of Action 12	All regional WACPU offices

The above proposed Plan of Action can be used as a guide to facilitate continuous dialogue and between all key ministries and NGOs and Development Partners during their quarterly Permanent Task Force Meeting and Gender Based Violence Cluster Meetings. Stakeholders can clarify roles and responsibilities before they sign Memorandum of Understanding to ensure accountability.

5.10   Summary

In this final chapter, conclusions were drawn and practical recommendations made with the aim to improve the current Namibian child protection system. The researcher also proposed three critical steps to ensure the strengthening of Namibia's Child Protection System. The limitations to the study, as well as the contribution to scientific knowledge, were discussed. Finally, a proposed action plan for the strengthening of an integrated child protection system was developed. This action plan is informed by the Child Rights Approach, Bronfenbrenner's Ecological Theory and the Systems' Approach. The recommendations and action plan will be shared with the management of all key ministries and CSO organisations that formed part of the sample of this study, to ensure continuous dialogue and implementation.

Professor M. Freeman, founding editor of the International Journal of Children's Rights said "To accord rights is to respect dignity; to deny rights is to cast doubt on humanity and on integrity; the world must cease treating children as mini humans with mini rights; children are the bearers of absolute rights and it is the duty of governments and the international community to respect and fulfil these rights" (Ruppel,2009).

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APPENDICES

Appendix 1: Semi structured interview schedule for key Professionals

Appendix 2: Semi structured interview schedule for children or their parents

Appendix 3: Focus group discussion schedule for NGO staff

Appendix 4: Focus group discussion schedule for Development partners

Appendix 5: Requests for permission to interview staff – Ministry of Education

Appendix 6: Requests for permission to interview staff – Ministry of Safety and Security

Appendix 7: Requests for permission to interview staff – Ministry of Justice

Appendix 8: Requests for permission to interview staff – Ministry of Health and Social Services

Appendix 9: Requests for permission to interview staff – USAID

Appendix 10: Permission to interview staff

Appendix 11: Consent letters

Appendix 1

Semi structured interview schedule for key Professionals

Date of interview…………………………...............

Name of Interviewer..

Name of Interviewee..

Duration of Interview ....

Age of Child/Parent...

Sex of Child/Parent...

Number of children and parents who participated in the

interviews...…………

Introduction and preliminaries

- Introduction by the Facilitator

- Explanation of purpose of interview and the purpose and focus of the

  research

- Explanation of Confidentiality and Anonymity

- Explanation of the Format of the discussion

- Permission to use a tape recorder

- Consent letter to be signed by all respondents

- Confirm the approximate length of the discussion with respondents

In assessing the state of child protection systems in Namibia, the research

explores the following questions:

Contextual background

1.   Who was your first point of contact in the child protection system?

2.   Was your case dealt with in privacy and was confidentiality kept at all times?

3.   Was the services child-friendly? If not elaborate

4.   Was the service providers trained and experienced enough to deal with your case? Why do you say so (Did service providers know their job?)

5.   Did you experience a language barrier when reporting your case? Elaborate (Could you communicate in your mother tongue and was it easy to communicate with service providers?)

6.   Were you referred to other service providers? If so why?

7.   What was the time period from the report of the case till the finalisation of the case? (How long did your case take?)

8.   Were you informed about the progress of your case?

9.   Were you satisfied with the services? If not why?

10.   Will you come back for assistance should you have a similar problem? If not why?

11.   What was the most frustrating for you?

12.   What was the most helpful for you?

13.   What need to change as a matter of urgency?

14.   What could be done differently to improve the protection of children in Namibia?

Conclusion and debriefing

The facilitator will thank the respondents for their time and valuable

contribution.

Appendix 2

Semi structured interview schedule for children or their parents

Date of interview…………………………............

Name of Interviewer..

Name of Interviewee..

Duration of Interview ....

Age of Child/Parent...

Sex of Child/Parent...

Number of children and parents who participated in the interviews...………

Introduction and preliminaries

- Introduction by the Facilitator

- Explanation of purpose of interview and the purpose and focus of the
  research

- Explanation of Confidentiality and Anonymity

- Explanation of the Format of the discussion

- Permission to use a tape recorder

- Consent letter to be signed by all respondents

- Confirm the approximate length of the discussion with respondents

**In assessing the state of child protection systems in Namibia, the research
explores the following questions:**

Contextual background

1. Who was your first point of contact in the child protection system?

2.　　　Was your case dealt with in privacy and was confidentiality kept at all times?

3.　　　Was the services child-friendly? If not elaborate

4.　　　Was the service providers trained and experienced enough to deal with your case? Why do you say so (Did service providers know their job?)

5.　　　Did you experience a language barrier when reporting your case? Elaborate (Could you communicate in your mother tongue and was it easy to communicate with service providers?)

6.　　　Were you referred to other service providers? If so why?

7.　　　What was the time period from the report of the case till the finalisation of the case? (How long did your case take?)

8.　　　Were you informed about the progress of your case?

9.　　　Were you satisfied with the services? If not why?

10.　　Will you come back for assistance should you have a similar problem? If not why?

11.　　What was the most frustrating for you?

12.　　What was the most helpful for you?

13.　　What need to change as a matter of urgency?

14.　　What could be done differently to improve the protection of children in Namibia?

Conclusion and debriefing

The facilitator will thank the respondents for their time and valuable contribution.

Appendix 3

Focus group discussion schedule for NGO staff

Date of interview…………………………...

Name of Interviewer/Facilitator..

Duration of FGD ....

Number of NGOs/FBOs participated in the discussion……………………

Names of Organizations:

- Childline/Lifeline
- Phillipi Trust Namibia
- PEACE Centre
- Friendly Haven Shelter
- Legal Assistance Centre

Introduction and preliminaries

- Introduction by the Facilitator

- Explanation of purpose of interview and the purpose and focus of the

  research

- Explanation of Confidentiality and Anonymity

- Explanation of the Format of the discussion

- Permission to use a tape recorder

- Consent letter to be signed by all respondents

- Confirm the approximate length of the discussion with respondents

In assessing the state of child protection systems in Namibia, the research

explores the following questions:

Contextual background

1.   What do you consider the most important achievements in the child protection system so far?

2.   What are the main strengths?

3.   What are the major gaps and weaknesses in the system that hampers effective service delivery and how can it be addressed?

Relationship with communities

4.   Is the current child protection system appropriate to the local context and is it relevant and sustainable?

5.   In your view, how do children and families experience the child protection system?

Legal and Policy Framework

6.   Do service providers have clear guidelines or standard operating procedures for handling cases involving children?

7.   Does Namibia have coherent policies and legislative framework for the protection of children?

8.   Do you think existing laws and policies in relation to children have been implemented effectively?

9.   Have these laws and policies had an impact on children's lives? Elaborate

10.   Are there agreed protocols for your staff to report suspicions or disclosures of abuse and exploitation to another agency?

Coordination and Planning

11.　　Do you think the agencies involved in child protection are well linked and coordinated?

12.　　 What makes the coordination effective/ineffective, in your opinion?

13.　　To what extent do you feel there is currently agreement among stakeholders on common priorities for the protection of children?

14.　　To what extent is the current National Plan of Action/National Priorities for Children appropriate or sufficient for the context in which you are working?

Human and Financial Resources

15.　　 Is there an allocated budget for child protection systems in your organisations?

16.　　Is the currently available budget and resources adequate to carry out the mandate of your organisations?

17.　　Is there a screening process for staff dedicated to work with children in need of special protection?

18.　　What are the main constraints regarding human resources in the child protection systems?

19.　　Is there a place for Civil Society Organisations in the Namibian Child Protection System? What needs to be strengthened?

Capacity and Training

20.　　Are service providers adequately trained and experienced to deal with violence against children?

21. Does your Organisation have appropriate staff (numbers and qualifications) to effectively carry out child protection activities?

22. Are service providers trained on all the relevant laws and policies?

Services

23. Is there a monitoring system in place to identify families and children with problems?

24. Does the child protection system have a national referral system for supporting survivors of abuse?

25. Are there any services specific to child protection in emergencies?

26. What is the time period from report of the case till the finalisation of the case?

27. To what extent do current priorities focus on prevention of abuse and exploitation, or alternatively focus on responding to problems after they happen?

28. Is there provision for after care and follow up services?

Information management systems

29. What child protection information management systems are in place?

30. Is it link with other information management systems?

31. Do children and families have access to a complaints mechanism to raise concerns about child protection processes and outcomes?

Recommendations

32.   What is it that you consider should be done to strengthen the child protection

        system in Namibia?

33.   Any other key recommendations for improving the existing child protection

        system in Namibia?

Conclusion and debriefing

The facilitator will thank the respondents for their time and valuable

contribution.

Appendix 4

Focus group discussion schedule for Development partners

Date of interview…………………………............

Name of Interviewer/Facilitator...................................

Duration of FGD ....

Number of NGOs/FBOs participated in the discussion…………

Names of Organizations:

- Childline/Lifeline
- Phillipi Trust Namibia
- PEACE Centre
- Friendly Haven Shelter
- Legal Assistance Centre

Introduction and preliminaries

- Introduction by the Facilitator

- Explanation of purpose of interview and the purpose and focus of the

  research

- Explanation of Confidentiality and Anonymity

- Explanation of the Format of the discussion

- Permission to use a tape recorder

- Consent letter to be signed by all respondents

- Confirm the approximate length of the discussion with respondents

In assessing the state of child protection systems in Namibia, the research

explores the following questions:

Contextual background

1.   What do you consider the most important achievements in the child

protection system so far?

2.   What are the main strengths?

3.   What are the major gaps and weaknesses in the system that hampers effective

service delivery and how can it be addressed?

Relationship with communities

4.   Is the current child protection system appropriate to the local context and is it

relevant and sustainable?

5.   In your view, how do children and families experience the child protection

system?

Legal and Policy Framework

6.   Do service providers have clear guidelines or standard operating procedures

for handling cases involving children?

7.   Does Namibia have coherent policies and legislative framework for the

protection of children?

8.   Do you think existing laws and policies in relation to children have been

implemented effectively?

9.   Have these laws and policies had an impact on children's lives? Elaborate

10.   Are there agreed protocols for your staff to report suspicions or disclosures of

abuse and exploitation to another agency?

Coordination and Planning

11.   Do you think the agencies involved in child protection are well linked and coordinated?

12.   What makes the coordination effective/ineffective, in your opinion?

13.   To what extent do you feel there is currently agreement among stakeholders on common priorities for the protection of children?

14.   To what extent is the current National Plan of Action/National Priorities for Children appropriate or sufficient for the context in which you are working?

Human and Financial Resources

15.   Is there an allocated budget for child protection systems in your organisations?

16.   Is the currently available budget and resources adequate to carry out the mandate of your organisations?

17.   Is there a screening process for staff dedicated to work with children in need of special protection?

18.   What are the main constraints regarding human resources in the child protection systems?

19.   Is there a place for Civil Society Organisations in the Namibian Child Protection System? What needs to be strengthened?

Capacity and Training

20.   Are service providers adequately trained and experienced to deal with violence against children?

21. Does your Organisation have appropriate staff (numbers and qualifications) to effectively carry out child protection activities?

22. Are service providers trained on all the relevant laws and policies?

Services

23. Is there a monitoring system in place to identify families and children with problems?

24. Does the child protection system have a national referral system for supporting survivors of abuse?

25. Are there any services specific to child protection in emergencies?

26. What is the time period from report of the case till the finalisation of the case?

27. To what extent do current priorities focus on prevention of abuse and exploitation, or alternatively focus on responding to problems after they happen?

28. Is there provision for after care and follow up services?

Information management systems

29. What child protection information management systems are in place?

30. Is it link with other information management systems?

31. Do children and families have access to a complaints mechanism to raise concerns about child protection processes and outcomes?

Recommendations

32. What is it that you consider should be done to strengthen the child protection system in Namibia?

33.   Any other key recommendations for improving the existing child protection

system in Namibia?

Conclusion and debriefing

The facilitator will thank the respondents for their time and valuable

contribution.

Appendix 5

Requests for permission to interview staff – Ministry of Education

Ms. V. R. Theron	**29 September 2011**

Mr Alfred Illukena

Permanent secretary

Ministry of Education

Private Bag 13186

Windhoek

Dear Mr. Illukena

RE: REQUEST TO PARTICIPATE IN RESEARCH STUDY INTERVIEWS -

Title of Dissertation: "An Assessment of the Namibian Child Protection Systems responding to Violence against Children"

I am a Control Social Worker in the Ministry of Gender Equality and Child Welfare and a post graduate student at the University of Namibia. I am currently busy with the data collection and the sample for this study includes Development partners, NGO/FBOs, key experts in Ministries and NGOs and children or their parents who went through the system.

It is against this background that I need permission to include Ms Bruwer or any other staff member dealing with the counselling of children as part of the respondents. I will contact them for individual appointments when permission is granted. The input of your office is key to this study. The participation is voluntary and the information will be treated with confidentiality. The findings and recommendations of this research study will be shared with all stakeholders.

See attached letter from my study leader, Dr Grobler. Your assistance will be highly appreciated. Feel free to contact me at childpro1@gmail.com or Cell: 0811273187 for any further information.

Yours sincerely
Ms. V. R. Theron
Student

Cc: Ms. Bruwer

Appendix 6

Requests for permission to interview staff – Ministry of Safety and Security

Ms. V. R. Theron   29 September 2011

LT. General S. H. Ndeitunga

Inspector General of the Namibian Police

Ministry of Safety and Security

Private Bag 13281

Windhoek

Dear LT. General Ndeitunga

RE: REQUEST TO PARTICIPATE IN RESEARCH STUDY INTERVIEWS -

Title of Dissertation: "An Assessment of the Namibian Child Protection Systems responding to Violence against Children"

I am a Control Social Worker in the Ministry of Gender Equality and Child Welfare and a post graduate student at the University of Namibia. I am currently busy with the data collection and the sample for this study includes Development partners, NGO/FBOs, key experts in Ministries and NGOs and children or their parents who went through the system.

It is against this background that I need permission to include Chief Inspector Cronje and Inspector Zimmer as part of the respondents. I will contact them for individual appointments when permission is granted. The input of your office is key to this study. The participation is voluntary and the information will be treated with confidentiality. The findings and recommendations of this research study will be shared with all stakeholders.

See attached letter from my study leader, Dr Grobler. Your assistance will be highly appreciated. Feel free to contact me at childpro1@gmail.com or Cell: 0811273187 for any further information.

Yours sincerely

Ms. V. R. Theron
Student

Cc: C/I Cronje

Inspector Zimmer

Appendix 7

Requests for permission to interview staff – Ministry of Justice

Ms. V. R. Theron   29 September 2011
Adv

RE: REQUEST TO PARTICIPATE IN RESEARCH STUDY INTERVIEWS -

Title of Dissertation: "An Assessment of the Namibian Child Protection Systems responding to Violence against Children"

I am a Control Social Worker in the Ministry of Gender Equality and Child Welfare and a post graduate student at the University of Namibia. I am currently busy with the data collection and the sample for this study includes Development partners, NGO/FBOs, key experts in Ministries and NGOs and children or their parents who went through the system.

It is against this background that I need permission to include Adv Nyoni or any other staff member from your office as part of the respondents. I researcher will contact them for individual appointments when permission is granted. The input of your office is key to this study. The participation is voluntary and the information will be treated with confidentiality. The findings and recommendations of this research study will be shared with all stakeholders.

See attached letter from my study leader, Dr Grobler. Your assistance will be highly appreciated. Feel free to contact me at childpro1@gmail.com or Cell: 0811273187 for any further information.

Yours sincerely

Ms. V. R. Theron
Student

Cc: Adv. Nyoni

Appendix 8

Requests for permission to interview staff – Ministry of Health and Social Services

Ms. V. R. Theron	29 September 2011

Mr K. Kahuure

Permanent secretary

Ministry of health and Social Services

Private Bag 13198

Windhoek

Dear Mr. Kahuure

RE: REQUEST TO PARTICIPATE IN RESEARCH STUDY INTERVIEWS -

Title of Dissertation: "An Assessment of the Namibian Child Protection Systems responding to Violence against Children"

I am a Control Social Worker in the Ministry of Gender Equality and Child Welfare and a post graduate student at the University of Namibia. I am currently busy with the data collection and the sample for this study includes Development partners, NGO/FBOs, key experts in Ministries and NGOs and children or their parents who went through the system.

It is against this background that I need permission to include a medical doctor in the Gynecology and Obstetrics Department and a senior official from Developmental Social Services dealing with families as part of the respondents. I will contact them for individual appointments after permission is granted. The input of your office is key to this study. The participation is voluntary and the information will be treated with confidentiality. The findings and recommendations of this research study will be shared with all stakeholders.

See attached letter from my study leader, Dr Grobler. Your assistance will be highly appreciated. Feel free to contact me at childpro1@gmail.com or Cell: 0811273187 for any further information.

Yours sincerely

Ms. V. R. Theron
Student

Cc: Ms. Batseba Katjiuongua

Appendix 9

Requests for permission to interview staff – USAID

Ms. V. R. Theron	29 September 2011
Windhoek	

Dear Ms Fossand

RE: REQUEST TO PARTICIPATE IN RESEARCH STUDY INTERVIEWS -

Title of Dissertation: "An Assessment of the Namibian Child Protection Systems responding to Violence against Children"

I am a Control Social Worker in the Ministry of Gender Equality and Child Welfare and a post graduate student at the University of Namibia. I am currently busy with the data collection and the sample for this study includes Development partners, NGO/FBOs, key experts in Ministries, NGOs and children or their parents who went through the system.

It is against this background that I need permission to include Silke Felton, Advisor for Orphans and Vulnerable Children as part of the respondents. I will contact them for individual appointments when permission is granted. The input of your office is key to this study. The participation is voluntary and the information will be treated with confidentiality. The findings and recommendations of this research study will be shared with all stakeholders.

See attached letter from my study leader, Dr Grobler. Your assistance will be highly appreciated. Feel free to contact me at childpro1@gmail.com or Cell: 0811273187 for any further information.

Yours sincerely

Ms. V. R. Theron
Student

Cc: Adv. Nyoni

Appendix 10

Permission to interview staff

TO WHOM IT MAY CONCERN

I…………………………………. (Name and Surname) a…………………… ………………………… (Position) at ……………………………………………… (Ministry /Organization) herewith give permission that staff members of this Ministry/Organization may participate in the research study titled "An Assessment of the Namibian Child Protection System responding to Violence against Children. The participation is voluntary and confidentiality is agreed upon. The data collected will be used for study purposes only. The key findings and recommendations of this study will be shared with all stakeholders.

Signature………………………

Date…………………………

I……………………………… (Name and Surname), a staff member of ………………………………... (Ministry/Organization), voluntarily partake in the research study: "An Assessment of the Namibian Child Protection systems responding to Violence against Children". Confidentiality is agreed upon and the information will be used for study purposes only. The key findings and recommendations of this study will be shared with all stakeholders.

Signature………………………

Date…………………………

Appendix 11

Consent letters

TO WHOM IT MAY CONCERN

I, ……………………………………**on this** ……**Day of** ………………. **2011**, herewith give consent that my child can participate in the research study titled "An Assessment of the Namibian Child Protection System's efficacy in responding to Violence against Children". The results of this study are for study purposes only. The participation is voluntary and confidentiality is agreed upon. The child can withdraw at any stage and has the right not to answer certain questions. The child will be referred for debriefing after the interview should the need arise. The parent can be present if the child prefers that.

…………………………………

Signature